



# Adventist HealthCare Retirement Plan

## Beneficiary Designation Form

Check here if you are replacing a previous designation

PLEASE TYPE OR PRINT LEGIBLY

Employee Name: Last, First, Middle Initial _____	Social Security Number _____
Name of Employer _____	

I AM:     SINGLE     MARRIED

**YOUR DESIGNATION OF BENEFICIARY IS INVALID IF DATA IS INCOMPLETE.** (Use back if more space is needed)

Name(s) of Primary Beneficiary(ies)	Relationship to You	Date of Birth	Social Security Number	Percentage
Name(s) of Contingent Beneficiary(ies)	Relationship to You	Date of Birth	Social Security Number	Percentage

**NOTICE**

If you are designating a Trust as a Primary or Contingent Beneficiary, please indicate the Trust Date under the Date of Birth column and attach a copy of the Trust Document to this Beneficiary Designation Form.

If you are married, you will need your spouse's consent to name someone other than your spouse as your Primary Beneficiary. Your spouse's signature must be notarized or witnessed by a Human Resources Department representative.

**SPOUSAL CONSENT**

I, the spouse of the above named employee, voluntarily consent to my spouse's designation. I understand that if a Primary Beneficiary other than myself has been named, no benefit will be paid to me from the AHRP upon my spouse's death except to the extent that I am named as an additional Primary Beneficiary.

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Notary Public or Human Resources Department Representative

\_\_\_\_\_  
Date

**EMPLOYEE SIGNATURE**      I understand:

My designation becomes effective on the date this form is received, and it replaces any earlier beneficiary designation I have made under the AHRP. If I am married at the time of my death, and spousal consent is not properly made on this form, my spouse will receive all my AHRP benefits, regardless of whom I have named as my Primary Beneficiary.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

When completed, please return to your Human Resources Department or mail to: AHRP Retirement Center, 100 Half Day Road, Lincolnshire, Illinois 60069.

