BENEFICIARY DESIGNATION FORM

PLAN NAME	COMPANY NAME
FULL NAME	SOCIAL SECURITY NUMBER
ADDRESS	ZIP CODE

EMPLOYEE NUMBER	HIRE DATE	☐ MARRIED ☐ SINGLE
		MARITAL STATUS	BIRTH DATE

As a participant of the above referenced Plan, I hereby designate the following person or persons as the primary beneficiary or beneficiaries and secondary beneficiary or beneficiaries to receive benefits in the event of my death (reduced by any security interest held by the Plan by reason of a loan outstanding in my Plan). I understand that the law states that a married Participant's initial designation of a Beneficiary or change in Beneficiary designation to someone other than or in addition to his Eligible Spouse shall not be effective unless Spousal Consent is obtained, in which case will be obtained by signature on this Form.

PRIMARY BENEFICIARIES

FULL NAME	SOCIAL SECURITY NUMBER
ADDRESS	ZIP CODE

RELATIONSHIP	☐ MARRIED ☐ SINGLE	BIRTH DATE	% PERCENTAGE
	MARITAL STATUS		

FULL NAME	SOCIAL SECURITY NUMBER
ADDRESS	ZIP CODE

RELATIONSHIP	☐ MARRIED ☐ SINGLE	% PERCENTAGE
	MARITAL STATUS	

SECONDARY BENEFICIARIES (In the eventEn caso de muerte de beneficiario(s) primario(s)

FULL NAME	SOCIAL SECURITY NUMBER
ADDRESS	ZIP CODE

RELATIONSHIP	☐ MARRIED ☐ SINGLE	BIRTH DATE	% PERCENTAGE
	MARITAL STATUS		

FULL NAME	SOCIAL SECURITY NUMBER
ADDRESS	ZIP CODE

RELATIONSHIP	☐ MARRIED ☐ SINGLE	% PERCENTAGE
	MARITAL STATUS	

Note: If you are legally married and you have designated someone other than or in addition to your Eligible Spouse as your Beneficiary or Beneficiaries then Spousal Consent must be obtained by signature in the following section. Such certification must be obtained before Notary Public or your Plan Administrator.

I _____, am the legal Spouse of the Plan Participant and I am signing this Form and resigning to my primary Beneficiary designation as indicated in the above section of this document. I resign to my right of receiving the full benefit I might have otherwise received should my Spouse deceased.

_____   _____
AFFIDAVIT NO.   SPOUSE SIGNATURE

Subscribed and Sworn to before me by _____, of legal age, residing in _____, _____ whom I have personally known, in _____ Puerto Rico, today _____, _____, of 20_____.

_____   _____
NOTARY PUBLIC SIGNATURE   NOTARY PUBLIC SEAL

SIGNATURES

I certify that the information herein given is true and correct to the best of my knowledge.

_____   _____
PARTICIPANT SIGNATURE   DATE

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