

DESIGNATION OF BENEFICIARY

PLAN NAME: CATOOSA COUNTY PENSION PLAN

BENEFICIARY DESIGNATION RULES:

1. If I die before my retirement, my spouse, as designated below shall receive any death benefit under the Plan. I may designate someone other than my spouse as beneficiary if my spouse consents in writing.
2. I can revoke such waiver and designated my spouse as beneficiary at any time without my spouse's consent.
3. If I am not married, my death benefit will be paid to my beneficiary in any form of payment allowed by the plan, at the choice of my beneficiary.

PRIMARY BENEFICIARY:

NAME: _____ **SS#** _____

RELATIONSHIP TO PARTICIPANT: _____ **BIRTHDATE:** _____

In the event that the beneficiary designated above is not living at the time of my death or dies prior to receiving all payments, payment should be made to the following:

NAME: _____ **RELATIONSHIP:** _____

NAME: _____ **RELATIONSHIP:** _____

SPOUSAL CONSENT: (Required only if you designate someone other than your spouse a primary beneficiary)

I consent to the designation made by my spouse to have the pre-retirement death benefit paid to the beneficiary above. I understand the beneficiary designation rules stated above.

DATE: _____ **SIGNATURE:** _____

WITNESS TO SPOUSAL CONSENT:

PLAN REPRESENTATIVE/NOTARY: _____ **DATE:** _____

EMPLOYEE SIGNATURE:

The choices above are to remain in effect until changed in writing by me. I have read and understand the beneficiary rules. I understand that if I have designated someone other than my spouse as beneficiary, that such designation is not valid unless my spouse consents in writing to the designation in the space provided above. I certify that the person I present as my spouse is my legal spouse at this time.

SIGNATURE: _____ **DATE:** _____