



# MBA DESIGNATION OF BENEFICIARY

## General Member Information

Please use full legal name

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Social Security Number Date of Birth

Gender:  Male  Female Marital Status:  Married  Single  Widowed

## Account Information

Please choose which account this designation of beneficiary applies to:

- All of my MBA accounts  Deferred Compensation Rabbi Trust/ 409A
- 403(b) only  409A Deferred Compensation
- Personal Savings Account(s) only:

\_\_\_\_\_  
Personal Savings Account Number One

\_\_\_\_\_  
Personal Savings Account Number Two (if needed)

## Designation of Beneficiaries

If you are married and your spouse is not your primary beneficiary, spousal signature is required.

The following individual(s) shall be my beneficiary(ies). If any primary beneficiary predeceases me, the contingent beneficiary(ies) shall acquire the designated share of my account(s). If your primary beneficiary is an individual (as opposed to a trust), a contingent beneficiary should be designated.

- List my Trust as my primary beneficiary. (List contingent beneficiaries below and attach full copy of Trust.)
- List my Trust as my contingent beneficiary. (List primary beneficiaries below and attach full copy of Trust.)

### Beneficiary One

Select One:  Primary  Contingent

Share: \_\_\_\_\_%

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Relationship

### Beneficiary Two

Select One:  Primary  Contingent

Share: \_\_\_\_\_%

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Relationship

### Beneficiary Three

Select One:  Primary  Contingent

Share: \_\_\_\_\_%

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Relationship

**Beneficiary Four**

Select One:  Primary  Contingent

Share: \_\_\_\_\_%

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Relationship

**Beneficiary Five**

Select One:  Primary  Contingent

Share: \_\_\_\_\_%

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Relationship

**Beneficiary Six**

Select One:  Primary  Contingent

Share: \_\_\_\_\_%

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Relationship

**The payor may rely fully on this designation, and I agree to promptly notify the payor if there is any change in the status of any primary or contingent beneficiary.**

*If this beneficiary section is not completed, the Select 403(b) Plan's default beneficiaries will be in effect.*

Please check just one:

- If a beneficiary of mine is listed as a primary beneficiary or contingent beneficiary and fails to survive me, his or her share shall go to my other listed primary or contingent beneficiaries in equal shares.
- If a beneficiary of mine is listed as a primary beneficiary or contingent beneficiary and fails to survive me, his or her share shall go to his or her other issue (their children) by right of representation.

**Signatures**

\_\_\_\_\_  
Printed Name of Member

\_\_\_\_\_  
Signature of Member Date

**Spouse Signature required if not the primary beneficiary**

*I hereby certify that I am the spouse of the member and understand that I am not the primary beneficiary of the accounts listed on this form. I further certify that I am signing this of my own free will and am under no influence or duress by my spouse or any other person.*

\_\_\_\_\_  
Printed Name of Spouse

\_\_\_\_\_  
Signature of Spouse Date