

UNITED STATES AIR FORCE NONAPPROPRIATED FUND EMPLOYEES' 401(K) SAVINGS PLAN

**BENEFICIARY DESIGNATION**

Authority: 10 USC 8013 authorized the collection of this information. Executive Order 9397 authorizes us to ask for your social security number to identify you. Purpose: We use this information to process employee benefit transactions that you request. Routine uses: This information may be shared with other Federal agencies and contractors to administer your employee benefits. We may also provide this information to law enforcement agencies and courts investigating, prosecuting, enforcing, and litigating criminal or civil actions involving your employee benefits. Your information may also be shared with spouses, former spouses, beneficiaries, persons responsible for your affairs, and representatives of your estate. Disclosure: You are not required by law to provide this information but failure to provide it may preclude us from processing your requested benefit transaction.

**Step One: Complete your Personal Information**

The beneficiary designation is used to assign the recipient of your account balance upon the event of your death. You must complete this form at the time of enrollment. This form may also be used to change your beneficiary designation at any time. Please return the completed and signed form to the Human Resources Office.

Employee Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
(mm/dd/yy)

Social Security number \_\_\_\_\_ Marital Status (Please Circle) Single Married Legally Separated

**Step Two: Beneficiary Designation**

Both Primary and Contingent Beneficiary (ies) must be designated. Sign and date the form upon completion. If you are legally married and choose a Primary Beneficiary other than your spouse ("Alternate Payee"), you must complete Step three, and your spouse must approve and sign the Spousal Consent waiver as witnessed by a notary. Percentages for all Primary Beneficiaries must total 100%. Percentages for all Contingent Beneficiaries must total 100%.

Indicate the Type of Beneficiary (ies): Primary    Contingent	Name of Individual or Entity	Social Security # or Federal Tax ID #	Relationship	Date of Birth	Address	Share %
<input type="checkbox"/> <input type="checkbox"/>						
<input type="checkbox"/> <input type="checkbox"/>						
<input type="checkbox"/> <input type="checkbox"/>						

I reserve the right to change my beneficiary (ies) by filing a new, properly executed, Beneficiary Designation.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yy)

**Step Three: Spousal Consent (Do not complete this section if your spouse is the sole Primary Beneficiary.)**

I hereby consent to the above designation by my spouse of a specific beneficiary other than me under the Plan and I understand that my spouse's election is not valid unless I consent to it, and that my consent to the above named beneficiary is irrevocable unless my spouse revokes the election.

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Acknowledgement of Witness (Notary Public):**

I hereby acknowledge that \_\_\_\_\_, to me known personally, appeared before me on the \_\_\_\_\_ day of \_\_\_\_\_ and subscribed his/her name above and acknowledged to me that he/she did so as his/her free and voluntary act and deed for the uses and purposes set forth in this beneficiary designation form.

Notary Public for the State/Commonwealth of: \_\_\_\_\_ County of: \_\_\_\_\_

Notary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My commission expires: \_\_\_\_\_ Affix seal here:

FOR OFFICIAL USE ONLY: Copy to HRO and the Participant

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