



CBERA
 100 River Ridge Drive, Suite #102
 Norwood, MA 02062
 781-551-8500
www.CBERA.com

DEFINED BENEFIT PLAN DESIGNATION OF BENEFICIARY FORM

Name: _____ Soc. Sec. #: _____
 Employer: _____ Daytime Phone: _____
 Personal EMAIL: _____ Marital Status: _____ Single _____ Married

Notice of Spouse's Death Benefit If you are married, your Plan requires that you name your spouse as the primary beneficiary for 100% of your vested benefit(s). If you designate your spouse as less than 100% and/or name someone else as your primary beneficiary, your spouse must sign the Spousal Consent section on the reverse side of this form in the presence of a Notary Public. If you become married or marry a different person after you sign this form, be sure to update this form because a later marriage will automatically invalidate your prior beneficiary designation.

If you name more than one primary or secondary beneficiary but do not specify a percentage for each, your benefit(s) will be divided equally among the primary or secondary beneficiaries who survive you. I, the undersigned, hereby designate that upon my death the following person(s) shall be my primary and secondary beneficiary(ies) under The Defined Benefit Plan administrated by CBERA:

Primary Beneficiary(ies)

Last Name, First, M.I. or Entity Name	Last Name, First, M.I. or Entity Name
Social Security Number	Social Security Number
Street Address	Street Address
City State ZIP Code	City State ZIP Code
Birth Date Relationship	Birth Date Relationship
Percent	Percent

Secondary Beneficiary(ies)

Last Name, First, M.I. or Entity Name	Last Name, First, M.I. or Entity Name
Social Security Number	Social Security Number
Street Address	Street Address
City State ZIP Code	City State ZIP Code
Birth Date Relationship	Birth Date Relationship
Percent	Percent

Participant Signature Any election I have made on this form revokes all prior designations with respect to my benefits in the Defined Benefit Plan.

Signature

Date

Consent of Spouse

I, _____, am the spouse of the Participant named on this form. I understand that I have the right to receive my spouse's entire vested benefit in the Plan after my spouse dies. I hereby waive that right and permit my spouse's benefit to be paid to the beneficiary(ies) designated by my spouse on this form. However, I do not consent to any changes in the beneficiary(ies) unless I agree to the change. By signing this consent, I understand that I will receive no benefits from the Plan after my spouse dies unless I am designated as a primary beneficiary on this form. I understand that I do not have to sign this consent, but do so voluntarily. I also understand that I cannot revoke my consent to the beneficiary(ies) designated on this form.

Date **Spouse's Signature (must be notarized)**

Notarization of Spouse's Signature

State of _____ County of (or City of) _____

Sworn to before me this _____ day of _____, _____

Signature of Notary Public

Date

(Notary Seal)

Name of Notary Public

My Commission Expires

Additional Primary Beneficiary(ies)

Last Name, First, M.I. or Entity Name

Last Name, First, M.I. or Entity Name

Social Security Number

Social Security Number

Street Address

Street Address

City State ZIP Code

City State ZIP Code

Birth Date Relationship

Birth Date Relationship

Percent

Percent

Additional Secondary Beneficiary(ies)

Last Name, First, M.I. or Entity Name

Last Name, First, M.I. or Entity Name

Social Security Number

Social Security Number

Street Address

Street Address

City State ZIP Code

City State ZIP Code

Birth Date Relationship

Birth Date Relationship

Percent

Percent