



# BENEFICIARY DESIGNATION FORM

(Plan Sponsor: Keep this completed form in employee's personnel file.)  
DO NOT SEND TO CPI

Plan Name: Favorite Healthcare Staffing 401(k) Retirement Plan

Location Name: \_\_\_\_\_ Location ID: \_\_\_\_\_ Ref. No. 7512

<b>Your Info</b>	Please type or print clearly			
	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <span style="font-size: 1.2em;">-</span> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <span style="font-size: 1.2em;">-</span> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div>			
	Last Name	First Name	M. I.	Social Security Number (SSN)

**If this beneficiary designation form is not completed, either a prior designation or the Plan document will govern the distribution of any death benefit.** No individual named as Beneficiary shall be entitled to receive payment unless such individual shall survive the Participant. Except as otherwise expressly provided in this designation, if no Beneficiary shall survive the Participant, the death benefits payable shall be payable per the Plan document.

I hereby direct that any and all death benefits payable under the terms of the Plan be payable to the following Beneficiaries in accordance with the following provisions. Any and all previous Beneficiary Designations are hereby revoked.

*\*(If the "Percent" column is left blank, it will be understood that multiple Primary Beneficiaries (and/or Secondary Beneficiaries, as applicable) are to share equally in the benefits to be divided among them.)*

	Name	Date of Birth	Relationship	*Percent
<b>Beneficiary #1</b>	<b>Primary #1</b> _____	_____	_____	_____ %
	If this primary beneficiary does not survive me, upon my death the proceeds that would otherwise have gone to the primary beneficiary should go to the following secondary beneficiary(ies) that survive me.			
	<b>Secondary</b> _____	_____	_____	_____ %
	<b>Secondary</b> _____	_____	_____	_____ %

	Name	Date of Birth	Relationship	*Percent
<b>Beneficiary #2</b>	<b>Primary #2</b> _____	_____	_____	_____ %
	If this primary beneficiary does not survive me, upon my death the proceeds that would otherwise have gone to the primary beneficiary should go to the following secondary beneficiary(ies).			
	<b>Secondary</b> _____	_____	_____	_____ %
	<b>Secondary</b> _____	_____	_____	_____ %

	Name	Date of Birth	Relationship	*Percent
<b>Beneficiary #3</b>	<b>Primary #3</b> _____	_____	_____	_____ %
	If this primary beneficiary does not survive me, upon my death the proceeds that would otherwise have gone to the primary beneficiary should go to the following secondary beneficiary(ies).			
	<b>Secondary</b> _____	_____	_____	_____ %
	<b>Secondary</b> _____	_____	_____	_____ %

<b>Consent</b>	If you are currently married and have named <b>any</b> primary beneficiary other than your spouse, the following consent must be signed by your spouse and witnessed by a Plan representative or a notary public. If your marital status changes, that may automatically change your beneficiary designation under the terms of the Plan and you should file a new beneficiary designation form.	
	I consent to the beneficiary designation above: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> <span>Signature of Participant's Spouse</span> <span>Date</span> </div>	
	This instrument was signed before me on _____ / _____ / _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> <span>Date</span> <span>Plan Representative or Notary Public</span> </div>	

<b>Sign</b>	I understand that the above beneficiary designation will remain in force until I request a change in accordance with the provisions of the Plan.	
	_____	_____
	Participant	Date