

**Beneficiary Designation Form  
for the  
District 1199SEIU – The Johns Hopkins Hospital Pension Plan**

**Participant Information** (please print legibly and complete all information)

NAME (last, first, initial) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE OF EMPLOYMENT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

MARITAL STATUS (check one):  MARRIED  SINGLE  WIDOWED  DIVORCED  LEGALLY SEPARATED

**A. Beneficiary Designation**

**Primary Beneficiary**

*If you wish to designate more than one primary beneficiary, please attach a piece of paper with the following information for each other beneficiary. Unless you indicate otherwise, your death benefit will be divided equally among the primary beneficiaries.*

NAME (last, first, initial) \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

**Contingent Beneficiary**

*If you wish to designate more than one contingent beneficiary, please attach a piece of paper with the following information for each other beneficiary. Unless you indicate otherwise, your death benefit will be divided equally among the contingent beneficiaries.*

NAME (last, first, initial) \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

As a participant in the Plan named above, I hereby designate these individuals as my primary and contingent beneficiaries, to receive any pension benefit that may be payable from the Plan if I die prior to the date my pension begins. If I am married and am designating a non-spouse beneficiary, my spouse must consent to this designation. I understand that no death benefit will be payable from the Plan if I am not vested at the time of my death.

I have read and understand the "Imported Information for Married Participants and their Spouses" and the "Legal Instructions for Designation of Beneficiary" on the reserve side of this form.

This designation supersedes any previous designation I have made for the Plan. However, I understand that, if I am married, this designation is not valid if signed before January 1<sup>st</sup> of the year of my 35<sup>th</sup> birthday.

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
DATE

**B. Participant Certification – No Spouse**

*If you are not married, or are legally separated, you must complete and sign this section.*

I hereby certify that I am not now married, or that I am legally separated.

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
DATE

**C. Consent of Spouse**

*If you are married but are designating someone other than your spouse as the primary beneficiary, your spouse must sign this consent and have it notarized.*

I hereby approve of, and consent to, the beneficiary designation made by my spouse (the participant) as provided on this form. I understand that I am entitled to receive my spouse's death benefit under the Plan named above and that I am waiving that right by signing this consent. I also understand that, once given, my consent to that designation cannot be revoked. I further understand that my spouse cannot change the beneficiary designation on this form without first obtaining my written consent.

\_\_\_\_\_  
SPOUSE'S NAME

\_\_\_\_\_  
SPOUSE'S SIGNATURE

\_\_\_\_\_  
DATE

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires \_\_\_\_\_ (notary seal)

**Please be certain that you have read and understand both the "Important Information for Married Participants and their Spouse" and the "Legal Instructions for Designation of Beneficiary" on the reverse side of this form.**

## THE DISTRICT 1199SEIU - THE JOHNS HOPKINS HOSPITAL PENSION PLAN

### Important Information for Married Participants and their Spouses

If a vested participant in the above-named Plan dies before beginning to receive a Plan benefit, his or her surviving spouse will receive a monthly annuity, payable for life. The amount of the annuity would be 50% of the reduced monthly benefit that the participant would have received if he or she had terminated employment immediately preceding his or her date of death (or date of actual termination, if earlier) and had elected a 50% joint and survivor annuity option.

A participant who has reached January 1<sup>st</sup> of the year of his or her 35th birthday may, with the written consent of his or her spouse, elect that the Plan's pre-retirement death benefit will be paid not to his or her spouse, but to another person whom the participant designates. A spouse's consent to the participant's designation of a non-spouse beneficiary must be notarized, and, once given, cannot be revoked. By giving such consent, the spouse will be waiving his or her right to receive a pre-retirement death benefit from the Plan.

### Legal Instructions for Designation of Beneficiary

1. If you are married, but have not yet reached January 1<sup>st</sup> of the year of your 35th birthday, your Primary Beneficiary *must* be your spouse. Until that time, the Plan does *not* permit you to designate a non-spouse beneficiary.
2. Except as explained in instruction #1 above, you may name anyone you wish as beneficiary. However, if you are married and you wish to name someone other than your spouse as your Primary Beneficiary, then your spouse must consent to your designation by completing the section "Consent of Spouse." Your spouse's signature must be witnessed by a notary. (You should know that in most cases a guardian must be appointed by court action before payment of a benefit can be made to a minor.)
3. If you are legally separated (as evidenced by a court order that you must attach to this form and return to the Plan Administrator), you are not required to obtain your spouse's consent to your naming of a different beneficiary, unless a court has issued a "qualified domestic relations order" that says otherwise.
4. If you make an error in entering names, or relationship of beneficiaries, do not make any erasures or changes, simply obtain a new form. Show a beneficiary's own full name, for example: "Mary J. Smith," not "Mrs. John E. Smith."
5. Sign the form in ink, using the signature you normally use on official documents, and enter the date of signing.
6. Be sure to complete a new beneficiary designation in the event of your marriage or divorce; failure to do so may invalidate your previous designation, or result in payment of benefits to unintended recipients.
7. If no beneficiary designation is in effect at the time of your death, the beneficiary will be in the following order:
  - Your spouse (if you are married), or
  - oldest beneficiary designated on the Hospital's group term life insurance plan (if you are employed by the Hospital at the time of your death), or
  - your oldest descendant, or
  - your oldest parent, or
  - your estate