



DESIGNATION OF BENEFICIARY FOR FORMER YMCA EMPLOYEES

This beneficiary designation is for the Pre-Retirement Death Benefit. Designate primary and contingent beneficiaries for your benefits by name. Do not use general categories such as "children," "parents," or "survivors."

THIS FORM IS NOT VALID unless it is completed without erasures or alterations. Faxes and copies will not be accepted. Your request will not be processed until the YMCA Retirement Fund receives the properly completed form.

1. YOUR INFORMATION

First Name Middle Last Name

Home Street Address City State Zip

Home Phone Email Social Security Number

I designate the individual(s) and/or entity(ies) below as my primary (and contingent) beneficiary(ies) for my YMCA Retirement Fund plan benefits and hereby revoke any (and all) prior beneficiary designation(s) made by me.

2. PRIMARY Beneficiary(ies) – The total percentage amount must equal 100%

In the event of your death, the primary beneficiary(ies) will receive the proceeds of your account(s) in the percentages you have listed. If a primary beneficiary dies before you, his or her interest and the interest of his or her heirs will terminate.

Table with 6 columns: Name, Address, Relationship, SS #, Birth Date, % Amount. Includes a total row for 100%.

3. CONTINGENT Beneficiary(ies) – The total percentage amount must equal 100%

The contingent beneficiary(ies) will receive the designated shares of your account(s) only if all primary beneficiaries have predeceased you.

Table with 6 columns: Name, Address, Relationship, SS #, Birth Date, % Amount. Includes a total row for 100%.

PLEASE COMPLETE PAGE 2

= 100%



ASR-3 FORMER (8/11)

#### 4. YOUR MARITAL STATUS

A spouse has certain rights under the law and the Plans. Inform the Fund immediately of any changes to your marital status. If you marry, remarry or locate your spouse, you must complete a new *Designation of Beneficiary*.

Your marital status is (check one and follow instructions):

- Single       Divorced       Widowed **(Skip to Section 6)**

*If you are recently divorced, you must submit a copy of your divorce decree to the Fund, including your separation agreement or property settlement agreement that concerns your YMCA Retirement Fund account(s).*

- Married to someone of the same gender **(Skip to Section 6)**

*Under Federal Law, spousal consent is not required.*

- Married to someone of the opposite gender (If you wish to designate less than 100% of your benefits to your spouse, your spouse must complete Section 5 in the presence of a notary public. **Everyone must complete Section 6)**

- Married but cannot locate your spouse **(Skip to Section 6)**

*Check here only if you have diligently used reasonable means to locate your spouse, but have been unable to do so.*

#### 5. SPOUSAL CONSENT TO WAIVER OF QUALIFIED PRE-RETIREMENT SURVIVOR ANNUITY

I, (name of spouse) \_\_\_\_\_, am the spouse of \_\_\_\_\_, a participant in the Retirement Plan and/or the Tax-Deferred Savings Plan. I acknowledge that I have read and understand the *Explanation of Qualified Pre-Retirement Survivor Annuity (QPSA)* on page 3. I understand that the participant has chosen to waive his/her right to a QPSA, which would provide me with an annuity based on one-half of the participant's account balances upon his/her death. I consent to the waiver and acknowledge that if the participant dies before I do, this benefit will not be payable to me and I may not receive any benefit from the Plan(s). I am not obligated to sign this form; I am signing it voluntarily.

**SPOUSE SIGNS** \_\_\_\_\_

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)

**NOTARY SEAL:**

**NOTARY PUBLIC AS WITNESS:**

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

**NOTARY SIGNS** \_\_\_\_\_

State of \_\_\_\_\_

My Commission Expires \_\_\_\_\_

#### 6. SIGNATURE WITH NOTARIZATION (Everyone must complete this section)

This section must be signed in the presence of a notary public.

I understand that I may change beneficiaries by proper notice to the Fund, and that keeping my beneficiary designation up-to-date is my responsibility. I have read and understood the *Explanation of Qualified Pre-Retirement Survivor Annuity* on page 3. I hereby certify that the foregoing information is true to the best of my knowledge and belief.

**PARTICIPANT SIGNS** \_\_\_\_\_

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)

**NOTARY SEAL:**

**NOTARY PUBLIC AS WITNESS:**

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

**NOTARY SIGNS** \_\_\_\_\_

State of \_\_\_\_\_

My Commission Expires \_\_\_\_\_

**Explanation of Qualified Pre-Retirement Survivor Annuity**

If you are married and die before you begin receiving retirement benefits, a Qualified Pre-Retirement Survivor Annuity ("QPSA") will be provided to your surviving spouse, unless you elect to waive the QPSA. The QPSA benefit is an annuity for the life of your spouse based on one-half of your account balances as of your death. You may elect to waive a QPSA, only if your spouse consents in writing to that election before a notary public. Your spouse's right to a QPSA benefit cannot be taken away unless he/she agrees to give up that benefit. If your spouse agrees, you can choose to have all or a part of your benefits paid to someone else. You may, if you desire, waive a previous election and make a new election. If your account balance is \$5,000 or less at the time of your death, your surviving spouse will be paid in a single lump sum even if you do not waive the QPSA.

You may waive the QPSA benefit with spousal consent beginning with the first day after which you become a Participant in the Plan. However, if you waive while you are still an employee of a YMCA and under age 35, the waiver will become invalid the first day of the Plan year in which you attain age 35.

If you are not married at the time of your death, your designated beneficiary(ies) will be entitled to receive all of your benefits.