



# MBA DESIGNATION OF BENEFICIARY

## General Information

Please use full legal name

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Mailing Address City State Zip

\_\_\_\_\_  
Social Security Number Date of Birth

Gender:  Male  Female

Marital Status:  Married  Single  Widowed

## Account Information

Please choose which account this designation of beneficiary applies to:

All of my accounts with MBA

Deferred Compensation Pre-2005 Rabbi Trust

403(b) only

409A Deferred Compensation

Personal Savings Account(s) only:

\_\_\_\_\_  
Account # Account #

## Designation of Beneficiary

The following individual(s) shall be your beneficiary(ies). The benefit will be paid to your primary or contingent beneficiary(ies) upon your death and in equal shares to each unless otherwise indicated. If any primary beneficiary predeceases you, the contingent beneficiary(ies) shall acquire the designated share of your 403(b) account. If your primary beneficiary is an individual (as opposed to a trust), a contingent beneficiary should be designated. **If you list a trust as your beneficiary, you agree to provide a copy of the trust document and all future amendments in a timely fashion.** If you are married and your spouse is not your primary beneficiary, spousal signature is required. See the Signature section on the next page.

### Beneficiary One

Select One:  Primary  Contingent Share: \_\_\_\_\_%

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Relationship

### Beneficiary Two

Select One:  Primary  Contingent Share: \_\_\_\_\_%

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Relationship

### Beneficiary Three

Select One:  Primary  Contingent Share: \_\_\_\_\_%

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Relationship

**Beneficiary Four**

Select One:  Primary  Contingent Share: \_\_\_\_\_%

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Relationship

**Beneficiary Five**

Select One:  Primary  Contingent Share: \_\_\_\_\_%

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Relationship

**Please check one:**

- If a child of mine is listed as a primary beneficiary or contingent beneficiary and fails to survive me, his or her share shall go to my other children in equal shares.
- If a child of mine is listed as a primary beneficiary or contingent beneficiary and fails to survive me, his or her share shall go to his or her other issue (my grandchildren) by right of representation.

*If this beneficiary section is not completed, the MBA 403(b) Plan's default beneficiaries will be in effect.*

**Signature**

By signing below, I hereby certify to the following:

*The administrator may rely fully on this designation, and I agree to promptly notify the administrator if there is any change in the status of any primary or contingent beneficiary. I understand that if I fail to provide adequate identifying information for my beneficiaries and the administrator is unable to locate them after due diligence, my account will be paid according to the MBA 403(b) plan document.*

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Printed Name of Participant Date

**Spouse** (Only required if spouse is not the primary beneficiary.)

Please read the certification below before signing.

*I hereby certify that I am the spouse of the participant and understand that I am not the primary beneficiary of this 403(b) account. I further certify that I am signing this certification of my own free will and am under no influence or duress by my spouse or any other person.*

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Printed Name of Spouse Date