

**DEPAUW UNIVERSITY FULLY-INSURED RETIREE HEALTH PLAN & TRUST
BENEFICIARY DESIGNATION FORM**



NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____
 DATE OF BIRTH _____ DATE OF HIRE _____ SOCIAL SECURITY # _____

SECTION 1. DESIGNATION OF BENEFICIARY

PRIMARY BENEFICIARIES. I designate the following as my primary beneficiary or beneficiaries (the information provided below will be used only to locate a Beneficiary, the more information provided, the easier it will be to locate the Beneficiary):

NAME	SOCIAL SECURITY #	ADDRESS	RELATIONSHIP	DATE OF BIRTH	% SHARE

CONTINGENT BENEFICIARIES. If my primary beneficiary predeceases me, I designate the following as my contingent beneficiary or beneficiaries (the information provided below will be used only to locate a Beneficiary, the more information provided, the easier it will be to locate the Beneficiary):

NAME	SOCIAL SECURITY #	ADDRESS	RELATIONSHIP	DATE OF BIRTH	% SHARE

TRUST INFORMATION. If a trust is named as a beneficiary (primary or contingent), the trustees of the trust are _____ and the creation date of the trust is _____.

FILING STATUS

- I am legally single (*Do not complete Section 2*)
- I am legally married and my spouse is the primary beneficiary of 100% of my account. (*Do not complete Section 2*)
- I am legally married and my spouse is not a primary beneficiary of 100% of my account. (*You must complete Section 2*)

EMPLOYEE SIGNATURE _____ DATE _____

SECTION 2. SPOUSAL CONSENT

I am the spouse of the employee who completed and signed page 1 of this form, and I understand the spousal death benefit to which I am entitled under the terms of the plan. I realize that my spouse is waiving this spousal death benefit and I voluntarily consent to the waiver. I hereby consent to my spouse's designation of beneficiary and agree to release and discharge the Trustee, the Plan Administrator, and the Company from liability for acting pursuant to this irrevocable consent.

SIGNATURE OF SPOUSE _____

DATE _____

PRINT NAME _____

SIGNATURE OF WITNESS _____

DATE _____

PRINT NAME _____

- The Witness is a Plan Representative
- The Witness is a Notary Public (*complete the following*)

STATE OF _____

COUNTY OF _____

On the _____ day of _____, 20____, before me, the undersigned, a Notary Public in and for said State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

NOTARY PUBLIC _____

MY COMMISSION EXPIRES _____