



## **Co-op Retirement Plan ("RetireMint") Beneficiary Designation**

Revokes all previous beneficiary designations.

### **Instructions for designating a Beneficiary:**

- If you have been married for at least one-year, federal law requires that death benefits from the Plan be paid to your spouse unless your spouse waives those benefits. This ensures that your spouse has the right to receive income from the Plan even if you die before you retire.
- To be sure that death benefits are paid as you instruct, follow these guidelines:
  - Use Section 1 if you are not married or widowed. (Page 2)
  - Use Section 2 if you are married and want all death benefits from the Plan paid to your spouse. Your spouse does not have to sign the form. (Page 3)
  - If you are married and want death benefits paid to someone other than your spouse, your spouse's notarized written consent is required. Please note that this consent does not constitute your spouse's waiver of his or her right to a qualified joint and survivor annuity upon your commencement of benefits from the Plan. That waiver could only be made when you elect the form in which to receive your benefit.  
**Please call the plan to receive the forms for this option.**
- If your marital status changes, review your beneficiary designation to be sure it meets these requirements. If your name changes, notify the Plan immediately.
- **If you designate a trust as your beneficiary, please take special notice of the following rules:**
  - The trust may receive only the following types of payments: remaining guaranteed monthly payments, lump sum distributions of the benefit derived from your contributions, lump sum distributions of small benefits, and the Plan's supplemental lump sum death benefit.
  - Thus, a trust generally cannot receive survivor annuity payments, except guaranteed payments remaining after your spouse's death (and depending on the benefit form you elect); and
  - If you name a trust below, please include the name of the Trust and Trustee's name and contact information and attach a copy of the trust document.
- **IN ORDER FOR YOUR DESIGNATION TO BE VALID, BE SURE YOU SIGN AND DATE THE FORM IN THE SECTION YOU FILLED OUT AND INCLUDE SOCIAL SECURITY NUMBERS FOR YOU AND ANY BENEFICIARY YOU DESIGNATE.**
- **THIS DESIGNATION WILL REVOKE ALL PRIOR DESIGNATIONS UNDER THE PLAN.**
- If you have any questions, please call 800.816.5535.
- Return the completed section to:
  - United Benefits Group
  - P O Box 169005
  - Kansas City MO 64116
  - Fax Number is 816.459.8750

**Based on your marital status, please select 1 of the following sections to complete and return.**



## Beneficiary Designation Form

**Section 1: Fill out this page only if you are not married or widowed.**

**Participant Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Section 1:** \_\_\_\_\_ I am **NOT MARRIED** and designate the following person(s) or trust to receive any death benefits from the Plan. I understand if I marry, the designation is void after I have been married for one year.

Name: \_\_\_\_\_ SSN \_\_\_\_\_ Percentage: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone No: \_\_\_\_\_

Check one: Primary Beneficiary \_\_\_\_\_ Contingent Beneficiary \_\_\_\_\_

Name: \_\_\_\_\_ SSN \_\_\_\_\_ Percentage: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Check one: Primary Beneficiary \_\_\_\_\_ Contingent Beneficiary \_\_\_\_\_

- If you desire for one beneficiary to be a primary beneficiary and another to be a contingent beneficiary, please clearly label them as such. Absent such a label, all beneficiaries will be considered co-primary beneficiaries. Should you need more than 2 beneficiaries, please attach a separate sheet with the above information and labels for each beneficiary. The address should include street, city, state and zip.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If you complete Section 1, you can disregard section 2.**

**In order for your designation to be valid, be sure to sign and date this section, and include Social Security Numbers for you and any beneficiary you designate.**

Return the completed section to: United Benefits Group  
P O BOX 169005  
Kansas City MO 64116  
Fax: 816.459.8750



## Beneficiary Designation Form

**Section 2: Fill out this page only if you are married.**

**Participant Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

**Section 2:** \_\_\_\_\_ I am **MARRIED** and designate my spouse named below as primary beneficiary to receive any death benefits from the Plan.

Spouse's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Spouse's Address: \_\_\_\_\_ DOB: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

If spouse is not living at the time of my death, pay death benefits to the following contingent beneficiary(ies):

Name: \_\_\_\_\_ SSN \_\_\_\_\_ Percentage: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ SSN \_\_\_\_\_ Percentage: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Should you need more than two contingent beneficiaries, please attach a separate sheet with the above information listed for each beneficiary. The address should include street, city, state and zip.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If you complete Section 2 you can disregard section 1.**

**In order for your designation to be valid, be sure to sign and date this section, and include Social Security Numbers for you and any beneficiary you designate.**

Return the completed section to: United Benefits Group  
P O BOX 169005  
Kansas City MO 64116  
Fax: 816.459.8750