

**401K DESIGNATION OF BENEFICIARY**

Name of Employer: **MID-COLUMBIA BUS CO., INC.** BRNCH # \_\_\_\_\_  
\*\*\*\*\*

Name of Participant: \_\_\_\_\_ SS# \_\_\_\_\_  
DOB: \_\_\_\_\_

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

\_\_\_\_\_ **I AM NOT MARRIED.** I understand that if I become married in the future, my Spouse will be my primary beneficiary unless I complete a new Designation of Beneficiary form and my spouse consents to my designation.

\_\_\_\_\_ **I AM MARRIED.** I understand that my spouse will be my primary beneficiary. However, I understand I may designate a primary beneficiary other than my spouse On space below if my spouse signs the section below entitled "Consent of Spouse".

**DESIGNATION OF BENEFICARY (IES)**

Please check Primary or contingent for each individual beneficiary and fill in all requested information.

P C  
\_\_\_\_ Beneficiary Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ SS # \_\_\_\_\_  
DOB \_\_\_\_\_ Share \_\_\_\_\_

\_\_\_\_ Beneficiary Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ SS # \_\_\_\_\_  
DOB \_\_\_\_\_ Share \_\_\_\_\_

\_\_\_\_ Beneficiary Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ SS # \_\_\_\_\_  
DOB \_\_\_\_\_ Share \_\_\_\_\_

**CONSENT OF SPOUSE**

**(If Non-Spouse Beneficiary (ies) are named as Primary Beneficiary)**

I am the spouse of the participant named above. I hereby consent to the above designation of beneficiary. I understand that if anyone other than me is designated as Primary Beneficiary on this form, I am waiving any rights I may have to receive benefits under the plan when my spouse dies. I understand that at the age of 35 consent must again be given or the Primary Beneficiary will revert to the Spouse.

Participant's Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

(Must be notarized. See below)

**WITNESS OF SPOUSE'S CONSENT**

Witness: Notary Public

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature \_\_\_\_\_

**SIGNATURES**

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_