



## Employer Sponsored 403(b) Plan: Designation of Beneficiary Form

### Section A: General Information

School District			
Participant Name (Last Name, First Name, Initial)			Social Security Number
Address	City	State	Zip Code
Home Telephone Number	Work Telephone Number	Date of Birth (Mo/Day/Yr)	Date of Hire (Mo/Day/Yr)
Email Address			

### Section B: Beneficiary Designation (please check one)

**Married Participant**

I understand that I must elect my spouse as Primary Beneficiary under this Plan unless he/she consents in writing to my naming another Primary Beneficiary. **(Please complete Section C if naming a Primary Beneficiary other than your spouse.)**

**Unmarried Participant**

I understand that the following designation becomes null and void in the event of my marriage. I will promptly inform MidAmerica Administrative & Retirement Solutions, Inc. of any change in my marital status.

**Beneficiary Designation**

*(If additional space is required, please attach a separate page.)*

Name (Last Name, First Name, Initial)	Social Security Number	Date of Birth (Mo/Day/Yr)	Relationship to Participant	% Share

### Section C: Spousal Consent

**For the spouse's consent to be effective, the spouse must sign below in the presence of a notary public.**

I consent to my spouse's election to designate me as the beneficiary of less than 50% of my spouse's account balance in the Plan in the event of my spouse's death while participating in the Plan. I understand that the effect of my consent is to waive the requirement that 50% of my spouse's account balance in the Plan be paid to me in the event of my spouse's death while my spouse is a participant in the Plan. I further understand that my spouse's election is not effective unless I consent to it and that this consent given by me is irrevocable unless I consent to it and that this consent given by me is irrevocable unless the election made by my spouse is changed.

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

\_\_\_\_\_  
Date

NOTARY PUBLIC - STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public for said County and State do hereby certify that \_\_\_\_\_ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

(Official Seal)

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_

### Section D: Internet Access for Plan Participants

MidAmerica Administrative & Retirement Solutions, Inc. provides Internet access for employee inquiries and questions regarding company retirement plan accounts. Our website address is [www.midamerica.biz](http://www.midamerica.biz). Live operator assistance is available Monday through Thursday from 8:30 AM to 8:00 PM and Friday 8:30 AM to 6:00 PM Eastern Time at our toll-free number (800) 430-7999.

### Section E: Participant Certification and Signature

I understand that if I outlive my Primary Beneficiary, benefits will be paid to my estate on my death unless I designate a Contingent Beneficiary(ies).

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Please return this completed form to:

MidAmerica Administrative & Retirement Solutions, Inc.  
DEPT: ES403B  
211 East Main Street, Suite 100  
Lakeland, FL 33801