

Rabbinical Council of America Pension Plan

Beneficiary Designation and Pre-Retirement Death Benefit Form

Participant's Name: _____

Street Address: _____

City: _____, State _____ Zip _____

Date of Birth: _____ Social Security #: _____-_____-_____

In accordance with federal regulations, unless you, with the specific written consent of your spouse, elect otherwise, if you should die before you are eligible to retire, your account balance will become payable to your spouse. However, you may elect to waive the requirement that your spouse be your Beneficiary. This election must be acknowledged in writing by your spouse. If the Company does not have the spouse's waiver on file at the time of your death, your spouse will receive any death benefits payable under the terms of the Plan.

Designation of Beneficiary:

This is my Primary Beneficiary

Full Name _____ Relationship _____
Address _____ Date of Birth _____ / ____ / ____
Address _____ Soc. Sec. No. _____ - ____ - ____
Percentage to this beneficiary _____%

This is my Primary Beneficiary Contingent Beneficiary

Full Name _____ Relationship _____
Address _____ Date of Birth _____ / ____ / ____
Address _____ Soc. Sec. No. _____ - ____ - ____
Percentage to this beneficiary _____%

This is my Primary Beneficiary Contingent Beneficiary

Full Name _____ Relationship _____
Address _____ Date of Birth _____ / ____ / ____
Address _____ Soc. Sec. No. _____ - ____ - ____
Percentage to this beneficiary _____%

This is my Primary Beneficiary Contingent Beneficiary

Full Name _____ Relationship _____
Address _____ Date of Birth _____ / ____ / ____
Address _____ Soc. Sec. No. _____ - ____ - ____
Percentage to this beneficiary _____%

This is my Primary Beneficiary Contingent Beneficiary

Full Name _____ Relationship _____
Address _____ Date of Birth _____ / ____ / ____
Address _____ Soc. Sec. No. _____ - ____ - ____
Percentage to this beneficiary _____%

(over)

- _____ My Primary Beneficiary is my spouse.
- _____ My Primary Beneficiary is not my spouse. A Surviving Spouse Death Benefit Waiver is signed below.
- _____ I am not legally married at this time.

Your Beneficiary need not be a natural person. You may name an entity such as a trust as Beneficiary. If you name a trust as Beneficiary, please provide the names and addresses of the trustees and the title and date of the trust.

I understand that the Beneficiary(ies) named above may be changed or revoked by me at any time by notifying the Trustees in writing of such action or by filing a new designation form. The Beneficiary designation will not be effective until it is filed with and received by the Trustees.

_____ Date: _____
(Employee's Signature)

***THIS SECTION MUST BE COMPLETED IF YOUR SPOUSE
IS NOT YOUR PRIMARY BENEFICIARY***

Surviving Spouse Benefit Waiver

_____ I hereby waive any rights to death benefits under the terms of the Plan should my spouse die prior to receiving the full value of any benefits due him/her under the terms of the Plan. I also acknowledge that my spouse may designate someone other than myself to receive death benefits under the Plan.

Date: _____
_____ (Spouse's Signature)

_____ (Spouse's name - Please print or type)

_____ (Plan Representative or Notary Public)