Plan Name: _____ Case: _____

BENEFICIARY DESIGNATION / CHANGE FORM

SOCIAL SECURITY NUMBER: ☐☐☐ ☐☐ ☐☐☐☐

Please indicate if this is ❑ Designating a Beneficiary ❑ Beneficiary Change

SECTION I
GENERAL INFORMATION

1. Your full name: _____
LAST FIRST INITIAL

2. Current address: _____
NUMBER STREET APT/BOX #

_____
CITY STATE ZIP CODE

Check ❑ if this is a name change.
What was your former name? _____

SECTION II
DESIGNATING OR CHANGING YOUR BENEFICIARY

PLEASE PRINT

Primary Beneficiary Name(s) / Percentage	Relationship to Participant / Social Security Number

Contingent Beneficiary Name(s) / Percentage	Relationship to Participant / Social Security Number

(A Contingent Beneficiary will receive a death benefit only if **no** primary beneficiary is living at the death of a Participant.)

SECTION III
SPOUSAL CONSENT

I, (spouse's name) _____ consent to the beneficiary designation as indicated above. I understand that this designation causes the benefits to be paid to the person(s) named above and not paid to me. I understand that this designation is not valid unless I consent to it in writing. I also understand that this decision is irrevocable unless my spouse (the participant), and I agree in writing to any subsequent designation(s).

Signature of Spouse: _____ Date: _____

Witnessed by: _____ Date: _____
Plan Representative or Notary Public

❑ I certify that I am not married. (Do not check if you are married).

_____ _____ _____
Participant's Signature Date Social Security #

SECTION IV
PARTICIPANT AUTHORIZATION

This beneficiary designation applies to all funding options unless otherwise noted above.

I, _____, as a Participant in the Plan do hereby revoke any previous beneficiary information, and specify the above named person(s) as beneficiary(ies).

_____ _____
Signature of Participant Date Signed

*Witnessed by _____ _____
Plan Representative or Notary Public Date Signed

*Nationwide does not promote the witnessing of a signature nor is it required by law but the absence of a witnessed signature may result in court scrutiny.

APO-2269-C (07/2003)
Employer should retain original forms. Nationwide does not retain copies of the Beneficiary Designation Forms.