

Pension Plan Beneficiary Designation Form

To designate a beneficiary(ies) for your Pre-Retirement Death Benefit, please complete and send this form to the address listed at the bottom of the form. If you wish to designate more beneficiaries than this form can accommodate, please use an additional form. Please note the additional form as page 2 or 3 and ensure that the percentages for each class of beneficiaries add up to 100%.

Employee Name: _____

Employee No.: _____

Daytime Phone #: _____

Marital Status

I hereby certify that I am: Unmarried Married

- If you are married and wish to name a primary beneficiary other than, or in addition to, your spouse for your Pre-Retirement Death Benefit, federal law requires that your spouse consent in writing to the designation of another beneficiary and this consent be witnessed by a Notary Public. (See reverse for Spousal Consent Form)

Primary Beneficiary(ies)

1	Name:		Relationship:		%
	Street Address:				
	City:	State:	Zip:	Date of Birth:	

2	Name:		Relationship:		%
	Street Address:				
	City:	State:	Zip:	Date of Birth:	

Secondary Beneficiary(ies) (Only receive benefit if all persons listed as primary are deceased)

1	Name:		Relationship:		%
	Street Address:				
	City:	State:	Zip:	Date of Birth:	

2	Name:		Relationship:		%
	Street Address:				
	City:	State:	Zip:	Date of Birth:	

I reserve the right to revoke or change any beneficiary designation. I hereby revoke all of my previous designations (if any) of primary and secondary beneficiaries.

(Employee Signature)

(Date)

Send **signed** and completed form to: **Benefits Service Center**
11 E Park St
Butte, MT 59701

Pension Plan Spousal Consent Form

Federal Law requires that all benefits from the pension plans of a married participant be paid to his or her spouse following the participant's death, unless the your spouse consents in writing to the designation of another beneficiary and this consent is witnessed by a Notary Public. If your spouse does not waive his or her right, then your spouse will automatically be the primary beneficiary of your Pre-Retirement Death Benefit.

I am the spouse of _____, the named participant. I hereby consent to the above beneficiary designation and acknowledge that:

- I am entitled to this benefit
- The effect of such designation is to cause my spouse's Pre-Retirement Death Benefit, or a portion of it, to be paid to a beneficiary other than me.
- Each primary beneficiary designation is not valid unless I consent to it.
- My consent is irrevocable unless my spouse changes or revokes the beneficiary designation.
- My consent is being given voluntarily and no undue influence or coercion has been exercised in connection with my decision to consent.

Signature of participant's spouse _____ Date _____

On this _____ day of _____ in the year _____ before me personally came and appeared _____ known, and known to me, to be the individual described in and who executed the foregoing Instrument and who duly acknowledged to me that he/ she executed the same for the purpose therein contained.

State of _____

County of _____

Notary Public (Signature) _____

(Print Name) _____

My Commission expires _____
(Date)

NOTE: Some of the information requested in this form is considered "sensitive Personally Identifiable Information (PII)". Completed forms must be stored in an access-controlled environment. Once the form has been approved for destruction it must be shredded. Refer to the Records Management Policy for additional information regarding PII.