



## PLEASE NOTE THE FOLLOWING WHEN SUBMITTING PROGRAM FORMS

- Use **only one** of the following methods of delivery:

**By Mail:**

ABA Retirement Funds Program  
P.O. Box 5142  
Boston, MA 02206-5142

**By Overnight Delivery:**

ABA Retirement Funds Program  
30 Braintree Hill Office Park  
Braintree, MA 02184

**By Email:** [ProgramForms@voyaplans.com](mailto:ProgramForms@voyaplans.com)

- If you are emailing a form, **DO NOT** mail the original, or the transaction will be processed twice.
- Email only **one** form at a time unless the forms are related and for the same participant, in the same plan.
- Forms received in good order via e-mail by **1 p.m. Eastern time** on a business day are considered to be received on that day. Forms received electronically after 1 p.m. Eastern time will be considered to be received on the next business day.
- Please do not “cc” any other email addresses when sending a form to the Program by email, as this causes the email to abort.
- The email should include a single document as an attachment, which does not require access to an external portal or link.
- There should be no instructions in the body of the email; the form should contain any additional instructions.

### FORMS THAT CANNOT BE ACCEPTED VIA EMAIL

- If the form is being submitted to claim the assets in a deceased participant’s account, the form and a certified copy of the death certificate **must be mailed** or sent by overnight delivery.
- If spousal consent is required, and the witness is a notary, the form **must be mailed** or sent by overnight delivery so that the notary seal can be confirmed.

Forms submitted in any other manner will be considered to be received “not in good order,” which may cause a delay in processing the item.

Thank you for your cooperation so that we can best service your plan.

**Note:** after your email is received by the transaction processing group, you’ll receive an auto reply with a “Task” confirmation number. If you do not receive an auto reply, please contact us. Plan Administrators should call **800.752.6313**. Participants should call **800.348.2272**.



# BENEFICIARY DESIGNATION FORM

ABA Retirement Funds Program ("the Program")  
P.O. Box 5142 • Boston, MA 02206-5142

Customer Contact Center: 800.348.2272  
Website: www.abaretirement.com

Complete this form to designate a beneficiary for your account in a full service plan. This form will replace all existing beneficiary information for this plan.

## Please note the following:

- The Employer's dated signature is required in Section 3.
- If you are changing your beneficiary(ies) due to a marital status change, you must also submit a Participant Data Change Form and evidence such as a marriage certificate or divorce decree.
- If you are married and not naming your spouse as the sole primary beneficiary, you must obtain his or her consent as witnessed by a notary or an Authorized Plan Representative.

## 1. EMPLOYER INFORMATION

Program Plan Number: \_\_\_\_\_ Employer Tax ID Number: \_\_\_\_\_ – \_\_\_\_\_ IRS Plan Number: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Employer's Business Phone Number: (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_

## 2. PARTICIPANT INFORMATION

Participant's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ – \_\_\_\_\_ – \_\_\_\_\_

Daytime Phone Number (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  M  F Marital Status:  Single  Married

## 3. SIGNATURES \*\*\*\*\* (THE EMPLOYER'S DATED SIGNATURE IS REQUIRED) \*\*\*\*\*

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT (REQUIRED)

\_\_\_\_\_  
DATE (REQUIRED)

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED PLAN REPRESENTATIVE ON BEHALF OF THE EMPLOYER (REQUIRED)

\_\_\_\_\_  
DATE (REQUIRED)

## 4. BENEFICIARY INFORMATION

Complete this section in its entirety.

I hereby certify that I am a/an (Check one):

Unmarried Participant—I understand that since I am not married, I may designate anyone as my beneficiary on the following page. I understand also that this beneficiary designation will be invalid upon my marriage and will be automatically revoked.

Married Participant

Under Age 35  Over Age 35

I understand that because I am married, my spouse is required to be my sole primary beneficiary under the plan unless my spouse consents to the designation of another beneficiary by validly consenting and signing the spousal waiver section on the following page. I understand that by designating a beneficiary other than my spouse, I am waiving the benefits my surviving spouse would otherwise receive upon my death if my spouse survives me and that the spousal consent and waiver below applies only to my current spouse. Moreover, I acknowledge that if I remarry, this beneficiary designation will not be effective unless it is refiled and my new spouse consents to a new beneficiary by completing another Beneficiary Designation Form. I understand that I can reinstate my spouse as my sole primary beneficiary at any time without my spouse's consent.

I understand that, unless a valid beneficiary designation is in effect at the time my account becomes payable, my account under the plan shall be payable to the first surviving class of the following:

- Widow or Widower,
- Surviving Children,
- Surviving Parents,
- Surviving Brothers or Sisters, then
- The Executors or Administrators of the estate of the participant upon whose death the payment becomes due.

I understand that if I do not make the following election, upon my death, assets in my plan account will be transferred to the investment option designated by the employer in the adoption agreement as the default investment option for the plan.

In the event of my death, I elect to have assets in my plan account remain invested in the investment options I elected and which are in effect at the time of my death.

I hereby designate the following as my beneficiary(ies) under the plan. I understand that in the event of my marriage, divorce or remarriage, any prior beneficiary designation is automatically revoked so long as written evidence is provided to the Program before any distribution request.

Participants naming a trust as either a primary or a contingent beneficiary are responsible for ensuring that sufficient documentation of the underlying beneficiaries of the trust is delivered to the Plan Administrator in a timely manner as prescribed by law. Also, naming a trust as a beneficiary has certain other legal requirements, as well as potential income and estate tax consequences. As the Program does not provide advice regarding such matters, we recommend that you consult with your legal counsel.

If you name more than one primary or contingent beneficiary, the beneficiaries will share equally in any benefits unless a specific percentage is provided.

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NAME OF PRIMARY BENEFICIARY #1	DATE OF BIRTH	RELATIONSHIP	SOCIAL SECURITY NUMBER
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NAME OF PRIMARY BENEFICIARY #2	DATE OF BIRTH	RELATIONSHIP	SOCIAL SECURITY NUMBER
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If there are no primary beneficiaries living at the time of my death, I designate the following beneficiaries:

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NAME OF CONTINGENT BENEFICIARY	DATE OF BIRTH	RELATIONSHIP	SOCIAL SECURITY NUMBER
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NAME OF CONTINGENT BENEFICIARY	DATE OF BIRTH	RELATIONSHIP	SOCIAL SECURITY NUMBER
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Use additional sheets as necessary.

## 5. SPOUSAL CONSENT

**\*\*\*\*\* (THIS SECTION IS REQUIRED IF YOU ARE NOT NAMING YOUR SPOUSE AS YOUR SOLE PRIMARY BENEFICIARY) \*\*\*\*\***

I understand that my spouse is a participant in the plan. I acknowledge that I have been told by the Plan Administrator that if my spouse dies before receiving any distributions under the plan, I am entitled to receive my spouse's account balance under the plan in one of the following forms: (a) if my spouse's plan is not a Profit Sharing Plan, in the form of monthly payments for the remainder of my lifetime or, if I elect after my spouse's death, in the form of a lump sum distribution or installments payments, or (b) if my spouse's plan is a Profit Sharing Plan, in the form of a lump sum distribution or installments payments. I understand that by consenting to the beneficiary designation above, I am waiving my right to receive benefits under the plan that would otherwise automatically be paid to me upon my spouse's death. I also understand that my consent is irrevocable unless my spouse revokes this beneficiary designation. I hereby consent to the above beneficiary designation.

Choose one of the following:

- If this beneficiary designation is revoked, I permit future beneficiary designation changes by the participant without my consent. I understand that, by making this election, my spouse will be able to designate a beneficiary other than the beneficiary or beneficiaries named above without my consent.
- If this beneficiary designation is revoked, I DO NOT permit future beneficiary designation changes by the participant without my consent.

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SIGNATURE OF SPOUSE IF SOLE PRIMARY BENEFICIARY IS NOT THE SPOUSE

DATE

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WITNESS TO SIGNATURE OF SPOUSAL CONSENT  
(NOTARY PUBLIC OR AUTHORIZED PLAN REPRESENTATIVE OTHER THAN THE PARTICIPANT)

DATE (MUST BE SAME AS SPOUSE)