



## 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 55072  
Boston, MA 02205-5072

**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.
- If you are going to password-protect the form, please use only “abafunds” or Abafunds\*1.”

### 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") Customer Contact Center: 800.348.2272  
P.O. Box 55072 • Boston, MA 02205-5072 • Website: www.abaretirement.com

## PURPOSE OF THIS BENEFICIARY DESIGNATION

This form is used to designate a beneficiary for your Program plan. If you are married and your spouse is not designated as your sole primary beneficiary, your spouse must consent to your designation by completing section 7 of this Beneficiary Designation Form.

**This form will replace any prior beneficiary designation.** Please keep a copy of the executed form for your records and provide a copy to the plan sponsor/employer.

## GOOD ORDER

Good order is receipt at the designated location of this form accurately and entirely completed, and including all necessary signatures. If this form is not received in good order, it will be returned to you for correction and processed upon resubmission in good order.

## EFFECTS OF MARRIAGE OR DIVORCE

Your marriage shall be deemed to revoke your prior designation of a beneficiary and, unless otherwise specified in a qualified domestic relations order, a divorce shall be deemed to revoke your prior designation of your ex-spouse as beneficiary, if written evidence of such marriage or divorce is received by the employer before distribution of your account in accordance with such designation.

## REQUEST TYPE

Initial Designation  Change to Designation

## 1. PLAN INFORMATION (REQUIRED)

Plan Name: \_\_\_\_\_ Program Plan Number: \_\_\_\_\_

## 2. PARTICIPANT INFORMATION (REQUIRED)

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

Daytime Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

## 3. PRIMARY BENEFICIARY INFORMATION

Subject to the terms of my plan, I request that any sum becoming due upon my death be payable to the primary beneficiary(ies) designated below. I understand this designation shall revoke all prior beneficiary designations (primary and contingent) made by me under my plan. (All designations must be in whole percentages. Total percentage must equal 100% for primary beneficiary(ies). Example: 33%, 33%, 34%.) If any primary beneficiary(ies) designated below predecease me, the amount payable upon my death to such primary beneficiary(ies) shall be paid in equal portions to the remaining primary beneficiary(ies) unless a per stirpes\* designation has been made for such primary beneficiary(ies).

If all primary beneficiary(ies) designated below predecease me, and no per stirpes designation has been made for any such primary beneficiary(ies), any sum becoming due upon my death will be payable to my contingent beneficiary(ies) as designated in section 4.

I am married.  I am not married.

I understand that if I am married I must designate my spouse as a sole primary beneficiary entitled to 100% of my account balance unless my spouse consents to the designation of another beneficiary under section 7 of this Beneficiary Designation Form.

\* Per stirpes designations can involve complex estate planning issues. Please review this designation with your legal advisor before proceeding.

Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship: \_\_\_\_\_ % of Benefit: \_\_\_\_\_

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Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship: \_\_\_\_\_ % of Benefit: \_\_\_\_\_

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Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship: \_\_\_\_\_ % of Benefit: \_\_\_\_\_

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Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship: \_\_\_\_\_ % of Benefit: \_\_\_\_\_

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Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship: \_\_\_\_\_ % of Benefit: \_\_\_\_\_

Please check if additional primary beneficiaries are noted on additional pages and follow same format as page 2.

**4. CONTINGENT BENEFICIARY INFORMATION**

Subject to the terms of my plan, I request that in the event that all of my primary beneficiaries (including by per stripes designation) predecease me, any sum belonging due upon my death be payable to the contingent beneficiary(ies) designated below.

(All designations must be in whole percentages. Total percentage must equal 100% for contingent beneficiary(ies) Example: 25%, 25%, 25%, 25%.)

Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship: \_\_\_\_\_ % of Benefit: \_\_\_\_\_

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Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship: \_\_\_\_\_ % of Benefit: \_\_\_\_\_

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Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship: \_\_\_\_\_ % of Benefit: \_\_\_\_\_

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Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship: \_\_\_\_\_ % of Benefit: \_\_\_\_\_

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Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship: \_\_\_\_\_ % of Benefit: \_\_\_\_\_

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Please check if additional contingent beneficiaries are noted on additional pages and follow same format as page 3.

If no primary or contingent beneficiary (including by per stripes designation) survives the Participant, my account under the Plan shall be payable to the first surviving class of the following:

- surviving spouse
- surviving children, and children of deceased children, if any, in equal shares,
- surviving parents, in equal shares,
- surviving siblings, if any, in equal shares, then
- the executors or administrators of my estate.

**5. TRUST CERTIFICATION (ONLY COMPLETE IF NAMING A TRUST AS A BENEFICIARY.)**

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By signing below, I certify that:

- A. Name of trust or trust instrument: \_\_\_\_\_
- B. The trust or trust instrument identified above, is in full force and effect and is a valid trust or trust instrument under the laws of the State or Commonwealth of: \_\_\_\_\_
- C. The trust is irrevocable, or will become irrevocable, upon my death.
- D. All beneficiaries are individuals and are identifiable from the terms of the trust.

In the event that any of the information provided above changes, I will provide Voya with the changes, within a reasonable period of time. By designating a trust, additional documentation and/or certification may be required.

**6. SIGNATURES (REQUIRED)**

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I hereby certify under the pains and penalties of perjury that information I furnished herein is true, accurate and complete.

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CITY AND STATE WHERE SIGNED

**7. SPOUSAL CONSENT (SPOUSE MUST COMPLETE IF ACCOUNT HOLDER DOES NOT DESIGNATE HIS/HER SPOUSE AS THE SOLE PRIMARY BENEFICIARY ENTITLED TO 100% OF THE ACCOUNT BALANCE)**

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Your spouse has an account in the retirement Plan listed in section 1 of this Beneficiary Designation Form. The money in the account that your spouse will be entitled to receive is called the vested account. Federal law states that if your spouse (the participant) has not yet received the entire balance of his or her vested account at the time of his or her death, you will receive 100% of the vested account after your spouse dies.

Your right to your spouse's vested account provided by federal law cannot be taken away unless you agree. If you agree, your spouse can elect to have all or part of the vested account paid to someone else. Each person your spouse chooses to receive a part of the vested account is called a "beneficiary." For example, if you agree, your spouse can have all or a portion of the vested account paid to his or her children instead of you.

Your spouse cannot have the vested account paid to someone else unless you agree and sign this agreement. Your choice must be voluntary. It is your personal decision whether you want to give up your right to your spouse's vested account. You may give specific consent or general consent by checking the related box below.

**Specific Consent** (If no selection is made between specific and general consent, the default is specific consent.)

If you sign this agreement, your spouse cannot change the beneficiary named in this agreement to anyone other than you, unless you agree to the new beneficiary by signing a new agreement.

I am the spouse of \_\_\_\_\_. I understand that I have the right to all of my spouse's vested account that remains undistributed in the plan after my spouse dies. I agree to give up the right to \_\_\_\_\_ percent of the account and to have that amount paid to the beneficiaries elected by my spouse.

I understand that my spouse cannot change the name of any beneficiary in the future unless I agree to the change.

I understand that by signing this agreement, I may receive less money than I would have received if I had not signed this agreement and I may receive nothing from the Plan after my spouse dies.

I understand that I do not have to sign this agreement. I am signing this agreement voluntarily.

I understand that if I do not sign this agreement, then I will receive any remaining portion of my spouse's vested account under the plan when my spouse dies.

**General Consent**

If you sign this agreement, your spouse can choose the beneficiary who will receive all or part of the vested account without telling you and without getting your agreement. Your spouse can change the beneficiary at any time before the account is paid out.

You have the right to agree to allow your spouse to select only a particular beneficiary. If you want to allow your spouse to select only a particular beneficiary, do not sign this section of the (instead, sign the specific consent above) form.

I am the spouse of \_\_\_\_\_. I understand that I have the right to all of my spouse's vested account that remains undistributed in the Plan after my spouse dies.

I agree to give up the right to \_\_\_\_\_ percent of the account and to have that amount paid to someone else as the beneficiary. I understand that by signing this agreement, my spouse can choose the beneficiary of the vested account without telling me and without getting my agreement. I also understand that by signing this agreement, my spouse can change the beneficiary of the vested account in the future without telling me and without getting my agreement again.

I understand that by signing this agreement, I may receive less money than I would have received if I had not signed this agreement and I may receive nothing from the plan after my spouse dies.

I understand that I can limit my spouse's choice to a particular beneficiary who will receive the vested account balance and that I am giving up that right.

I understand that I do not have to sign this agreement. I am signing this agreement voluntarily.

I understand that if I do not sign this agreement, then I will receive any remaining portion of my spouse's account under the plan when my spouse dies.

\_\_\_\_\_  
SPOUSE NAME (PLEASE PRINT)

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
SPOUSE SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YYYY)

State of \_\_\_\_\_ County of \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_ before me,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Notary) the undersigned officer, personally appeared  
(spouse) known to me (or satisfactorily proven) to be the  
person whose name is subscribed to within the instrument and acknowledged that he/she executed the same for the purposes therein contained.

**In Witness Whereof, I hereunto set my hand**

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

\_\_\_\_\_  
MY COMMISSION EXPIRES

**OR**

**Authorized Plan Representative**

The above spousal consent was signed by the spouse in my presence.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YYYY)