

**Crystal Solutions  
401(K) PLAN  
BENEFICIARY DESIGNATION FORM**

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

**Spouse's Name:** \_\_\_\_\_ **Spouse's Social Security Number:** \_\_\_\_\_

**Spouse's Date of Birth:** \_\_\_\_\_

**A. PRIMARY BENEFICIARY:** As a Plan participant or former participant I hereby designate the following person or persons and/or trusts as beneficiaries to be entitled to receive any benefits that become payable from the Plan as a result of my death prior to the full commencement of my Plan benefits:

*(Choose EITHER 1. OR 2. through 6.)*

1. [ ] 100 % to my SPOUSE. *(Please make sure to fill in Spouse's name, Date of Birth and SS# above.)*

(If 1. above is chosen, the consent of the Participant's Spouse is NOT required. The participant must complete B. and C. below, and the Participant's SPOUSE should NOT complete D. If 1. above is NOT chosen, the Participant must complete B., and C. and the Participant's SPOUSE must complete D.)

2. [ ] \_\_\_\_\_% to my SPOUSE, and

3. [ ] \_\_\_\_\_% to my children, and if any have died, their share to their living descendants (per stirpes)

4. [ ] \_\_\_\_\_% to my children, if living, in equal shares (per capita)

Child's Name: \_\_\_\_\_ SS Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ SS Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ SS Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

5. [ ] The following % to OTHER BENEFICIARIES:

\_\_\_\_\_ % to Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ % to Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ % to Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

6. [ ] \_\_\_\_\_% to the following TRUST, created by me on the following date: \_\_\_\_\_.

Name of TRUST: \_\_\_\_\_.

The trustees for this TRUST are \_\_\_\_\_.

**B. CONTINGENT BENEFICIARY:** In the event a beneficiary designated above fails to survive me, I hereby designate the following person or persons and/or trusts as contingent beneficiaries for that portion of benefits:

1. [ ] \_\_\_\_\_% to my SPOUSE *(Please make sure to fill in Spouse's name and SS# above.)*

2. [ ] \_\_\_\_\_% to my children, and if any have died, their share to their living descendants (per stirpes)

3. [ ] \_\_\_\_\_% to my children, if living, in equal shares (per capita)

Child's Name: \_\_\_\_\_ SS Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ SS Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ SS Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

4. [ ] The following % to OTHER BENEFICIARIES:

\_\_\_\_\_ % to Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ % to Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ % to Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

5. [ ] \_\_\_\_\_% to the following TRUST, created by me on the following date: \_\_\_\_\_.

Name of TRUST: \_\_\_\_\_.

The trustees for this TRUST are \_\_\_\_\_.

**C. AFFIRMATION AND ACKNOWLEDGMENT BY PARTICIPANT:** All of my previous beneficiary designations, if any, are null and void. I affirm that, to the best of my knowledge, there is no court order (other than a Qualified Domestic Relations Order) that assigns any of my interest in the Plan to any other person. I hereby affirm that

I am either not married or I have a court order recognizing my legal separation from my spouse; and if I was ever previously married, I have a valid decree of divorce from all ex-spouses. I acknowledge that any designation made on this form today may be invalidated upon my marriage, and agree to keep the Plan Administrator informed of any changes to my marital status.

I am presently legally married. I shall keep the Plan Administrator informed of any change to my marital status. Unless my spouse is the only primary beneficiary, my spouse has completed the CONSENT portion of this form below. If I am not yet age 35, I acknowledge that I will have to re-obtain the consent of my spouse to my naming a non-spouse primary beneficiary when I turn age 35.

I acknowledge that I need to fill out a new beneficiary designation form in order to change any designations made on this form.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(SPOUSE should NOT complete D. below if Participant selected A.I. above)*

**D. SPOUSAL CONSENT:** Print name of spouse: \_\_\_\_\_

I hereby consent to the distribution of all (or the portion specified by my spouse on the Designation of Beneficiary form) of the benefits payable from the Plan on account of the Participant's death to the primary beneficiary named on the Designation of Beneficiary form. I acknowledge that (1) the effect of my consent is to cause all or a portion of the Plan's death benefits to be paid to a beneficiary other than me, (2) that the Participant's designation of a primary beneficiary other than me is not valid unless I consent to it, and (3) that my consent is irrevocable unless the Participant subsequently revokes his or her waiver, in which event my consent will again be required in order for the Participant to name a non-spouse beneficiary.

If my spouse has waived the pre-retirement surviving spouse annuity, I acknowledge that, but for my consent, all or a portion of my spouse's benefits would be payable to me in the form of an annuity over my life, and I hereby irrevocably relinquish that right (however, should the Participant revoke his or her waiver at any time, my consent will again subsequently be required to again waive this requirement).

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Print name of Witness: \_\_\_\_\_

Witness is a Plan Representative OR

Witness is a Notary Public (*complete below*):

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

My commission expires: \_\_\_\_\_