Dartmouth College Defined Benefit Retirement Plan Beneficiary Form

In the event of your death, your Defined Benefit Retirement Plan benefits will be payable to your designated beneficiary(ies), as named on this form. If you die before benefit payments start, have not named a beneficiary, and leave no spouse, your estate receives the benefit.

YOUR DESIGNATION OF BENEFICIARY

Name(s) of Primary* Beneficiary(ies)	**Relationship to You**	**Date of Birth**	**Social Security No.**
Name(s) of Contingent Beneficiary(ies)**	**Relationship to You**	**Date of Birth**	**Social Security No.**

* Primary Beneficiary = First Choice
** Contingent Beneficiary = Second Choice, or if primary beneficiary is no longer living

I understand that, when filed with the plan administrator this designation of beneficiary automatically revokes all prior designations of beneficiary and that any benefit payments due by reason of my death will be payable to the beneficiaries named above (subject to spousal consent below, if necessary). I reserve the right to change the designation at any time. I understand that under the Employee Retirement Income Security Act of 1974 (ERISA), my surviving spouse has the right to receive my plan benefits at the date of my death. My spouse must consent below to any beneficiary designation that doesn't meet this requirement. (Note that, if you are under age 35 when you sign this form to designate a non-spousal beneficiary, this designation will automatically expire when you reach age 35 (if you are still employed by Dartmouth College) and you will have to sign another designation of beneficiary form, again with your spouse's consent, to name a non-spousal beneficiary. This is a tax law requirement.)

Name (please print) _____ Date _____

Signature _____ Social Security No. _____

Waiver of the Spouse's Preretirement Survivor Death Benefit

If you are married, your spouse must be your beneficiary for your plan benefits unless your spouse signs this waiver consenting to your designation of another beneficiary(ies). The waiver must be signed in the presence of a notary public or a Dartmouth College plan representative.

You can revoke the waiver at any time before your benefit payments begin by naming your spouse as your primary beneficiary.

Consent by Spouse (must be witnessed)

With this consent, I am voluntarily and irrevocably giving up my right to a qualified survivor death benefit under ERISA. I recognize that any death benefit payable under the plan will be paid to the beneficiaries as specified above.

Name of Spouse (please print) _____ Social Security No. _____

Signature of Spouse _____ Date _____

Notary or Plan Representative _____ Date _____