

BENEFICIARY FORM

A. PARTICIPANT INFORMATION (REQUIRED)

Name: _____ DMBA ID number: _____
First Middle Initial Last

Birth date (MM/DD/YYYY): _____ Email: _____

Primary phone: _____ Alternate phone: _____

Marital status: Married Widowed Single (never married) Separated Divorced

B. PARTICIPANT AUTHORIZATION (REQUIRED)

Signature: _____ Date: _____

C. SPOUSAL CONSENT WAIVER (IF APPLICABLE)–See back page for more information

If you're married and you choose a primary beneficiary other than or in addition to your spouse—including a trust—your spouse must give consent according to federal regulations.* Your signature must be witnessed by a notary public or an authorized DMBA representative.		NOTARY STAMP
SPOUSE SIGNATURE	DATE	
NOTARY PUBLIC OR DMBA REPRESENTATIVE SIGNATURE	DATE	

For waiver to be valid, spouse signature date and notary date must be the same.

D. BENEFICIARY DESIGNATION

If you want to designate different beneficiaries for each plan, you must complete a separate form for each plan. Please include your name, DMBA ID number, date, and signature.

CHECK BOX FOR ALL PLAN(S) THAT APPLY (REQUIRED):

LIFE BENEFIT PLANS

- Group Term Life
- Supplemental Group Term Life
- 24-Hour Accidental Death & Dismemberment

SAVINGS PLANS

- Deseret 401(K) Plan

RETIREMENT PLANS

- Retiree Group Term Life**
- Retiree Supplemental Group Term Life**
- Master Retirement Plan**

** You cannot preselect your beneficiaries for these plans. Available only on or after you apply for retirement.

LIST ALL BENEFICIARIES: Beneficiary payments are paid from the most recent, valid beneficiary designation. Name all beneficiaries or designate a trust as a beneficiary on the following page.

BENEFICIARY DESIGNATION (list beneficiaries or designate trust): All primary beneficiaries share equally All alternate beneficiaries share equally

DESIGNATION (REQUIRED)	FULL GIVEN NAME OF BENEFICIARY (REQUIRED)	SOCIAL SECURITY # (REQUIRED)	RELATIONSHIP (REQUIRED)	BIRTH DATE (REQUIRED)	PHONE # (REQUIRED)	% OF BENEFIT
<input type="checkbox"/> PRIMARY <input type="checkbox"/> ALTERNATE						
<input type="checkbox"/> PRIMARY <input type="checkbox"/> ALTERNATE						
<input type="checkbox"/> PRIMARY <input type="checkbox"/> ALTERNATE						
<input type="checkbox"/> PRIMARY <input type="checkbox"/> ALTERNATE						
<input type="checkbox"/> PRIMARY <input type="checkbox"/> ALTERNATE						

DESIGNATION (REQUIRED)	NAME OF TRUST (REQUIRED)	DATE OF TRUST (REQUIRED)	PHONE # (REQUIRED)	% OF BENEFIT
<input type="checkbox"/> PRIMARY <input type="checkbox"/> ALTERNATE				

E. IMPORTANT INFORMATION TO KNOW WHEN NAMING YOUR BENEFICIARIES

- Types of Beneficiaries
 - » Primary: Person to receive benefits when you die.
 - » Alternate: Person to receive benefits when you die if the primary beneficiary is deceased.
- If you name multiple primary or multiple alternate beneficiaries, benefits will be split equally, unless otherwise noted on the form. If you're allocating the percentage of benefit, please verify that the total for primary beneficiaries equals 100% and the total for alternate beneficiaries equals 100%.
- If you name minor children as beneficiaries, we must have legal guardianship papers for each child at the time of your death if they are unmarried and younger than 18. This could mean legal expenses for the beneficiary and delay benefit payments. Please consider this when naming your beneficiaries.
- Spousal Consent Waiver
 - » Deseret 401(k) Plan: Required if you're married and choose a primary beneficiary other than—or in addition to—your spouse, including a trust.*
 - » Master Retirement Plan
- Life with 10, 15, or 20-year Certain payment options: Required if you're married and choose a primary beneficiary other than—or in addition to—your spouse, including a trust.*
- Life with 50%, 75%, 100%, or Reduced Survivor Benefit payment options: Not required. Your beneficiary must be someone other than your spouse.
 - » Life Benefit Plans (Group Term Life, Supplemental Group Term Life, Occupational Accidental Death & Dismemberment, and 24-Hour Accidental Death & Dismemberment): Not required.
- When you die, DMBA will contact your primary beneficiary to request additional information, including a death certificate.

* If you're married, the law requires your spouse to be your primary beneficiary. But you may choose a beneficiary other than or in addition to your spouse with your spouse's written, notarized consent.

Please return this completed form to DMBA, Attention: Member Services, P.O. Box 45530, Salt Lake City, UT 84145-0530. You may also email it to enrollmenthelp@dmdba.com or fax it to 801-578-5933. For questions, visit www.dmba.com or call us at 801-578-5600 or toll free at 800-777-3622.