

**Beneficiary Designation Form**

Case Number: 380-81003

ASPEN PENSION ADMINISTRATORS

ENTERPRISING SOLUTIONS, INC. DBA SUNWEST EMPLOYER SERVICES, INC. EMPLOYEE SAVINGS PLAN

**STEP ONE: COMPLETE YOUR PERSONAL INFORMATION**

Employee Name:

Social Security Number:

Marital Status:  Single  Married  Legally Separated

**STEP TWO: DESIGNATE YOUR BENEFICIARY (IES)**

Both a Primary and a Secondary Beneficiary must be designated. If you are married, your spouse must be sole primary beneficiary (100%) unless your spouse approves otherwise and signs the waiver portion listed below. Percentages for all Primary Beneficiaries must total 100%. Percentages for all Secondary Beneficiaries must total 100%.

**PRIMARY BENEFICIARY**

Name:

Relationship:

Last First MI

Address:

Street Apt#/PO Box City State Zip Code

Birth Date:

SSN:

Percent:

%

mm dd yy

**PRIMARY BENEFICIARY**

Name:

Relationship:

Last First MI

Address:

Street Apt#/PO Box City State Zip Code

Birth Date:

SSN:

Percent:

%

mm dd yy

**SECONDARY BENEFICIARY**

Name:

Relationship:

Last First MI

Address:

Street Apt#/PO Box City State Zip Code

Birth Date:

SSN:

Percent:

%

mm dd yy

If you have more than one primary beneficiary, your vested account balance will be divided as you specify above. In the event the primary beneficiary(ies) does not survive you, your vested account balance will be divided among your secondary beneficiaries. The total for the primary beneficiary(ies) must equal 100%. The secondary beneficiary(ies) must equal 100% as well.

Your current (and future) marital status has significant impact on your legal beneficiary under the terms of the Plan. If you are currently married and you name a primary beneficiary(ies) other than your spouse, your spouse must consent to this election below.

If you are currently single and are married at a future date, your new spouse will automatically become your primary beneficiary subject to the requirements in your Plan Document. If you are currently married and become single at a future date, your former spouse will remain your primary beneficiary until you make a new beneficiary designation.

**STEP THREE: SIGN AND DATE**

**Statement of Marital Status (check one)**

I certify that I am NOT married (do not check if you are married)

I certify that I am married

**Employee Certification**

Employee Name:

Employee Signature: X

Date:

*Please keep a copy of this form for your records and return this original Beneficiary Designation Form to your employer. Your beneficiary designation is subject to the terms of the Plan and is not effective until accepted and approved by your Plan Administrator.*