



# BENEFICIARY DESIGNATION/CHANGE

**Qualified Plan Services**  
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Plan Name

Participant Name

Address

City

State

Zip Code

Social Security Number

Date of Birth

Date of Hire

Sex:  M  F Married:  Yes  No

I hereby make application to participate in the above plan and agree to all the terms and conditions of the governing Plan and Trust Agreement. I desire to designate the following as my beneficiary(ies) to receive my death benefits under the Plan and Trust.

## Primary Beneficiaries:

1.    
 Name of Beneficiary or Trust Social Security or Tax ID #

/  /   
 Name of Trustee (if applicable) Share % Birth Date or Date of Trust

Relationship:  Spouse  Non-Spouse Individual  Trust  Entity

2.    
 Name of Beneficiary or Trust Social Security or Tax ID #

/  /   
 Name of Trustee (if applicable) Share % Birth Date or Date of Trust

Relationship:  Spouse  Non-Spouse Individual  Trust  Entity

## Contingent Beneficiaries:

1.    
 Name of Beneficiary or Trust Social Security or Tax ID #

/  /   
 Name of Trustee (if applicable) Share % Birth Date or Date of Trust

Relationship:  Spouse  Non-Spouse Individual  Trust  Entity

PLEASE TURN TO NEXT PAGE AND COMPLETE



**BENEFICIARY DESIGNATION/CHANGE FORM (CONTINUED)**

2.    
Name of Beneficiary or Trust Social Security or Tax ID #  
  /  /   
Name of Trustee (if applicable) Share % Birth Date or Date of Trust  
**Relationship:**  Spouse  Non-Spouse Individual  Trust  Entity

**If designated beneficiary is other than spouse, notarized signature of spouse is required.**

I hereby consent to the above Beneficiary designation.

/  /   
**Participant's Spouse's Signature Date**

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

Before me, the undersigned authority, on this date personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_

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

-  -   
**Participant's Signature Date**

QP103 05.09 7-14-09-md