

## Participant Beneficiary Designation Form

(For plans offering Qualified  
Pre-Retirement Survivor Annuities)

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### Instructions for the Plan Participant

1. Complete the **"Participant Marital Status"** section of this form.
2. To elect that a pre-retirement benefit be distributed in a form **other than** a life annuity, complete the **"Election of Pre-Retirement Death Benefit"** section of this form.
3. To designate a Beneficiary or Beneficiaries, complete the **"Beneficiary Designation"** section of this form.
4. Read, then complete the **"Participant Signature"** section of this form.
5. If you are married and have met any of the requirements necessary for spousal consent, have your spouse read, then complete the **"Spousal Authorization"** section of this form.
6. Keep a copy of the completed form with your other important records and return the original to your plan representative.

### Information for Plan Participant

#### Trust Information

If your Beneficiary is a trust, there shall be no obligation to inquire into the terms of the trust, and payment of the proceeds as provided in the designation will be a full discharge from all liability. If, before payment of the proceeds is made, satisfactory proof is presented that the trust has been revoked or is not in effect at your death, the proceeds shall be paid to the next class of Beneficiary or to your estate if there is no such Beneficiary. If the trust has been created by a will but fails to come into existence for any reason, the proceeds shall be paid to the next class of Beneficiary or to your estate if there is no such Beneficiary.

#### Community Property Information

(Only applicable to plans not subject to the Employee Retirement Income Security Act (ERISA) of 1974 and in the states of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin. This is also applicable in Alaska if you and your spouse agree to make it community property through a community property agreement or a community property trust.)

If there has been no previous written notice of community property interest and the space for the consent of your spouse is not completed, then anyone acting on the information contained herein shall be entitled to rely on his/her good faith belief that no such interest exists.

This good faith reliance shall apply to any payment to a named Beneficiary even though:

1. You have not obtained the consent of a former spouse having a community interest; or,
2. You and your spouse subsequently divorce; or,
3. Your spouse dies after the date of execution of this designation; or,
4. You and your spouse subsequently sever your interest in the community.

#### Qualified Pre-Retirement Survivor Annuity (QPSA) Information

This form assumes that your plan provides for a QPSA of 100% of your vested account balance at death. Plan documents may differ in their provisions concerning such items as revocability of spousal consent, the minimum percentage for a QPSA, and other significant matters. Contact your plan representative if you have questions about your plan document or provisions specific to your plan.

Many plan documents provide that if you do not waive the QPSA benefit then your spouse has the option to choose the QPSA or another form of available distribution under the plan. Contact your plan representative if you have questions about your plan document or provisions specific to your plan.

Your plan provides that a Qualified Pre-Retirement Survivor Annuity (QPSA) be paid to your spouse in the event that your death occurs before the benefit under the plan becomes payable. A portion of the value of your vested account balance at death (between 50% and 100%, according to your plan) is used to provide a monthly payment to your spouse for life. This form of benefit is a "life annuity."

You may elect a form of distribution other than a QPSA if your plan allows. In order for such an election to be effective, it must be in writing and must include the consent of your spouse, witnessed by a plan representative or a Notary Public.

The plan may provide that any such election may be revoked at any time, thereby reinstating the QPSA. You may choose to decline the automatic QPSA, but only under certain circumstances, as described below. The period during which you may elect to decline the automatic QPSA starts on the latest of:

1. The first day of the plan year in which you attain age 35, or
2. The date on which you first become a participant, or
3. The date on which you are married.

Participant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Plan Name: \_\_\_\_\_ Plan Number: \_\_\_\_\_

### Information for Plan Participant *(continued)*

Your election period ends at the earlier of:

1. Your death, or
2. Your annuity starting date.

However, if you separate from service of the plan sponsor prior to attaining age 35, the election period begins on your separation from service.

**Note:** If you are under age 35, you also may elect (with appropriate written spousal consent) to decline the automatic QPSA. This election expires at the beginning of the plan year in which you attain age 35, unless you then renew the election and the spousal consent. If you are under age 35 and you want to make this election, you must:

1. Notify the plan representative,
2. Secure written spousal consent, and
3. During the plan year in which you attain age 34, if you wish to renew your election so that it extends beyond the first day of the plan year in which you attain age 35, you will need to complete this form again.

#### Financial Effect of a Married Participant's Election to Waive QPSA

If you are married and do not waive the QPSA, the plan will pay your surviving spouse the QPSA. The QPSA will not pay any further benefits after your spouse dies.

If you are married and waive the QPSA (with spousal consent), your entire vested account balance will be paid to your designated Primary Beneficiary (or Beneficiaries) then living, otherwise to the next class of living Beneficiaries you designate. If any amount remains in the plan when your Beneficiary (or Beneficiaries) die, the remaining benefit will be paid under the terms of your elections herein if specified or, if not so specified, under the terms of the plan. You may designate different Beneficiaries to receive their respective portions of your vested account balance under the plan.

### Participant Marital Status

If you are married, federal law (and/or the terms of your plan) generally requires that death benefits from the plan be paid to your spouse when you die.

Married.

If you are married and have designated a Beneficiary other than, or in addition to, your spouse, your spouse's signature is required in order to complete your designation. And/or, if you elected a pre-retirement death benefit other than a life annuity, your spouse's signature is required in order to complete your designation. **Your spouse's consent must be witnessed by a plan representative or a Notary Public.**

Married but unable to locate my spouse.

If you are married and cannot locate your spouse, spousal consent is not required to elect a form of distribution other than QPSA; however, your election must be witnessed by a plan representative or a Notary Public. Your plan representative may request evidence for the plan's records.

Unmarried.

Because your spouse would have certain rights to your death benefit, your Beneficiary designation(s) becomes invalid if you are married at the time of your death, unless your spouse has consented in writing to your designations. You should immediately inform your plan representative of any change in your marital status.

### Election of Pre-Retirement Death Benefit

I hereby elect a form of pre-retirement death benefit **other than** a life annuity. If married, I hereby waive the QPSA.

Option 1 – Lump Sum.

Option 2 – Certain and Life Annuity. The period certain (select a period) is to be  5  10  15 years.

Monthly payments are to continue for the life of my Primary Beneficiary (or Beneficiaries). If my Primary Beneficiary (or Beneficiaries) should die before the end of the certain period, monthly payments are to continue to my secondary Beneficiary (or Beneficiaries) in the same amount for the remainder of the period. If the last living payee dies before all period certain monthly payments are made, that last payee's estate will receive those payments.

Option 3 – Discretionary. The form of benefit shall be elected by my Beneficiary (or Beneficiaries) upon my death.

Participant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Plan Name: \_\_\_\_\_ Plan Number: \_\_\_\_\_

### Beneficiary Designation

Complete this section to designate a Beneficiary or Beneficiaries. Enter full names, relationship to you (for example, spouse, child, grandchild, etc.) and date of birth.

Benefits are payable to the survivors within the highest class (Primary, Secondary or Tertiary) in equal shares unless specified otherwise here. The rights of other Beneficiaries shall terminate upon such payment.

The Beneficiary or Beneficiaries for the benefit payable at my death shall be as follows:

#### Primary Beneficiary

1.	NAME (FIRST, M.I., LAST)	SOC. SEC. #	RELATIONSHIP	DOB	<input type="checkbox"/> M <input type="checkbox"/> F _____%
	ADDRESS		CITY, STATE, ZIP		
2.	NAME (FIRST, M.I., LAST)	SOC. SEC. #	RELATIONSHIP	DOB	<input type="checkbox"/> M <input type="checkbox"/> F _____%
	ADDRESS		CITY, STATE, ZIP		
3.	NAME (FIRST, M.I., LAST)	SOC. SEC. #	RELATIONSHIP	DOB	<input type="checkbox"/> M <input type="checkbox"/> F _____%
	ADDRESS		CITY, STATE, ZIP		

*Designated percentage(s) must total 100%.*

**If naming a Trust:**

FULL NAME OF TRUST \_\_\_\_\_ FULL NAME OF TRUSTEE(S) \_\_\_\_\_ DATE OF TRUST \_\_\_\_\_

*If no primary Beneficiary is living at the time of your death, benefits will be paid to the second class of Beneficiaries.*

#### Secondary Beneficiary

1.	NAME (FIRST, M.I., LAST)	SOC. SEC. #	RELATIONSHIP	DOB	<input type="checkbox"/> M <input type="checkbox"/> F _____%
	ADDRESS		CITY, STATE, ZIP		
2.	NAME (FIRST, M.I., LAST)	SOC. SEC. #	RELATIONSHIP	DOB	<input type="checkbox"/> M <input type="checkbox"/> F _____%
	ADDRESS		CITY, STATE, ZIP		
3.	NAME (FIRST, M.I., LAST)	SOC. SEC. #	RELATIONSHIP	DOB	<input type="checkbox"/> M <input type="checkbox"/> F _____%
	ADDRESS		CITY, STATE, ZIP		

*Designated percentage(s) must total 100%.*

**If naming a Trust:**

FULL NAME OF TRUST \_\_\_\_\_ FULL NAME OF TRUSTEE(S) \_\_\_\_\_ DATE OF TRUST \_\_\_\_\_

*If no secondary Beneficiary is living at the time of your death, benefits will be paid to the tertiary class of Beneficiaries.*

#### Tertiary Beneficiary

1.	NAME (FIRST, M.I., LAST)	SOC. SEC. #	RELATIONSHIP	DOB	<input type="checkbox"/> M <input type="checkbox"/> F _____%
	ADDRESS		CITY, STATE, ZIP		
2.	NAME (FIRST, M.I., LAST)	SOC. SEC. #	RELATIONSHIP	DOB	<input type="checkbox"/> M <input type="checkbox"/> F _____%
	ADDRESS		CITY, STATE, ZIP		
3.	NAME (FIRST, M.I., LAST)	SOC. SEC. #	RELATIONSHIP	DOB	<input type="checkbox"/> M <input type="checkbox"/> F _____%
	ADDRESS		CITY, STATE, ZIP		

*Designated percentage(s) must total 100%.*

**If naming a Trust:**

FULL NAME OF TRUST \_\_\_\_\_ FULL NAME OF TRUSTEE(S) \_\_\_\_\_ DATE OF TRUST \_\_\_\_\_

## Participant Signature

By signing below, I hereby designate the Beneficiary (or Beneficiaries) as listed; that I am electing a form of pre-retirement death benefit other than a life annuity (if the **"Election of Pre-Retirement Death Benefit"** section is completed); and certify that the marital status I've indicated is correct. In the event of my death, I authorize the plan representative to make distributions to the listed Beneficiary (or Beneficiaries), but acknowledge that if spousal consent to my designation is required, such designation is invalid unless my spouse has consented in writing and such consent is witnessed by a plan representative or a Notary Public.

\_\_\_\_\_  
*Participant's Printed Name*

\_\_\_\_\_  
*Participant's Signature*

\_\_\_\_\_  
*Date*

**Note:** If you certified that you are married, but you are unable to locate your spouse, **your election must be witnessed by a plan representative or a Notary Public.**

Witnessed by:

\_\_\_\_\_  
*Plan Representative's Signature*

\_\_\_\_\_  
*Date*

IF NOT WITNESSED BY PLAN REPRESENTATIVE, NOTARY PUBLIC MUST WITNESS.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public \_\_\_\_\_

County of Residence: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

## Spousal Authorization

Select ALL applicable:

I am the spouse of the plan participant named above and understand that my spouse is designating a Beneficiary other than, or in addition to, myself. I approve of and consent to the designation of all Beneficiaries listed in the "Beneficiary Designation" section. If applicable, I hereby transfer any community property interest I have in, or would otherwise acquire in, this account into the separate property of my spouse for disposition consistent with this designation. I understand that if the plan gives me the right to revoke this consent, that I may do so by delivering to the plan representative a written revocation of this consent prior to the death of my spouse. Upon the death of my spouse, the consent contained herein, if not previously revoked, shall be irrevocable.

I am the spouse of the plan participant named above and consent to the election of a pre-retirement death benefit other than a QPSA. I understand that if the plan gives me the right to revoke this consent, that I may do so by delivering to the plan representative a written revocation of this consent prior to the death of my spouse. Upon the death of my spouse, the consent contained herein, if not previously revoked, shall be irrevocable.

I understand that, but for this consent, should my spouse die before his or her benefit commencement date under the plan, I would be entitled to receive a surviving spouse's benefit in the form of a life annuity. I have been provided with all information that I may have requested from the plan administrator as to the economic effect of my consent and as to whether I may revoke my consent. I understand fully the consequences of this action on my part and the loss of benefits that I may experience if I survive the participant. I have participated in the participant's decision to designate a Beneficiary other than me and/or to decline coverage under the QPSA form of benefit.

\_\_\_\_\_  
*Spouse's Printed Name*

\_\_\_\_\_  
*Spouse's Signature*

\_\_\_\_\_  
*Date*

Witnessed by:

\_\_\_\_\_  
*Plan Representative's Signature*

\_\_\_\_\_  
*Date*

IF NOT WITNESSED BY PLAN REPRESENTATIVE, NOTARY PUBLIC MUST WITNESS.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public \_\_\_\_\_

County of Residence: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

## Instructions for Plan Representative

Retain the original Beneficiary Designation with your plan's important documents. American United Life Insurance Company® does not require a copy for its records.