

**PENSION PLAN OF THE PACIFIC NORTHWEST LABORATORIES
 BATTELLE MEMORIAL INSTITUTE ("PLAN")
 POST-RETIREMENT BENEFICIARY DESIGNATION**

Annuitant Information:

Name: _____		
Last	First	M.I.
Social Security Number: _____	Employee ID Number: _____	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Registered Partner *If your marital status changes, you must complete a new form.		

Beneficiary Designation:

To the following **PRIMARY BENEFICIARY(IES)** who survive me, in equal shares unless otherwise indicated under "Percent" (Print names in full):

Name (Last, First, MI)	Relationship	Date of Birth	Social Security Number	Percent

To the following **CONTINGENT BENEFICIARY(IES)** (Initial one):

- _____ 1. Equally to my children born to or legally adopted by me, if living, otherwise to their issue, per stirpes. (Per Stirpes—the child(ren) of a deceased child share equally in the deceased child's share.)
- _____ 2. Equally to my children born to or legally adopted by me, who are living at the time of my death.
- _____ 3. To the person(s) named below, in equal shares unless otherwise indicated under "Percent" (Print names in full):

Name (Last, First, MI)	Relationship	Date of Birth	Social Security Number	Percent

Notice to Retirees:

- If you are married or have a registered partner at the time of the annuity starting date and you do not want your surviving spouse/registered partner to be your sole primary beneficiary, your spouse/registered partner is required to complete the consent section on the back page of this form. This consent section must be completed in the presence of a Notary Public or an authorized Plan Representative.

ANNUITANT'S SIGNATURE AND WITNESS

I hereby revoke any prior beneficiary designation made by me and direct that any benefits which may become payable under the Plan, upon my death, shall be paid to the beneficiary(ies) designated on this form, subject to the terms of the Plan as it may be amended from time to time. If I have designated more than one primary beneficiary or contingent beneficiary, payments will be made equally to them, unless otherwise indicated on this designation. If no primary or contingent beneficiary(ies) can be determined at the time of my death, I understand that any benefits will be paid in accordance with the terms of the Plan. This beneficiary designation remains in effect until I revoke it by completing another Beneficiary Designation Form. **This form MUST be signed and witnessed (witness must actually watch as you sign) in order to be considered acceptable. Any form unsigned, without a witness, or with different signature dates of you and your witness will be returned with instructions to fill out a new form. The witness cannot be one of your named beneficiaries.**

Signature		Witness Signature	
Printed Name		Printed Name	
Date		Witness Date	

FOR OFFICE USE ONLY

Date Received		Plan Representative
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RETURN COMPLETED ORIGINAL DOCUMENT TO: Battelle Benefits Administration, 902 Battelle Blvd, Richland, WA 99354

**PENSION PLAN OF THE PACIFIC NORTHWEST LABORATORIES BATTELLE MEMORIAL INSTITUTE ("PLAN")
POST-RETIREMENT BENEFICIARY DESIGNATION
SPOUSAL/REGISTERED PARTNER CONSENT FORM**

(Only required for retirees naming someone other than their spouse/registered partner as sole primary beneficiary.)

Spousal/Registered Partner Consent to Waiver of Qualified Joint and Survivor Annuity and to Naming of Different Beneficiary(ies).

(As required by law, your signature must be witnessed by an authorized Plan Representative or a Notary Public.)

I, _____ (name of spouse/registered partner), am the legal spouse/registered partner of _____ (name of Retiree) and I have received and read a copy of the Qualified Joint and Survivor Annuity ("QJSA") Explanation. I understand that I have the legal right to have my spouse's/registered partner's retirement benefits paid in the form of a QJSA. I understand that by signing this consent, I may receive less money than I would have received under a QJSA. In accordance with the designation on this form, I agree to give up the right to any or all amounts that I may be entitled to under the terms of the Plan. **The effect of this designation is to cause my spouse's/registered partner's benefit to be shared with or paid entirely to a beneficiary(ies) other than me.** By signing this consent, my spouse/registered partner cannot change the beneficiary named in this designation to anyone other than me, unless I agree to the new beneficiary(ies) by signing a new consent form. I understand that I do not have to sign this consent and the signing of this consent by me is a voluntary act. Further, I understand that I may revoke this consent at any time prior to my spouse's/registered partner's death. (To revoke this consent, contact Battelle's Benefits Administration Office to initiate the process.)

Signature of Spouse/
Registered Partner: _____ Date: _____

Printed Name: _____

As required by law, your signature must be witnessed by an authorized Plan Representative or a Notary Public.

As an authorized Plan Representative, I confirm that the individual who signed the spouse's/registered partner's consent above has appeared before me, is known personally by me, or presented satisfactory identification to me, and signed this form in my presence.

Signature of Plan
Representative: _____ Date: _____

Printed Name: _____

-OR-

Sworn to and signed before me this _____ day of _____, 20_____.

My commission expires: _____

Signature of
Notary Public: _____