

**PENSION PLAN OF THE PACIFIC NORTHWEST LABORATORIES  
 BATTELLE MEMORIAL INSTITUTE ("PLAN")  
 PRERETIREMENT BENEFICIARY DESIGNATION FORM**

**Member 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

**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. I am aware that my spouse or registered partner (or subsequently acquired spouse or registered partner), if living at the time of my death, will be the sole, Primary Beneficiary regardless of whom I designate unless he/she signs the specific consent portion of this form (see reverse side). **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 for you and your witness will be ineffective and 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 99352

**NOTE: This form will only be accepted by Benefits Administration as a two-sided form. If unable to print double-sided, or copy to make into a one-page, front and back printed form, please contact Benefits Admin. At 509-375-6361.**

**PENSION PLAN OF THE PACIFIC NORTHWEST LABORATORIES BATTELLE MEMORIAL INSTITUTE ("PLAN")  
PRERETIREMENT BENEFICIARY DESIGNATION FORM  
EXPLANATION OF A QUALIFIED PRE-RETIREMENT SURVIVOR ANNUITY**

Plan members who die prior to their retirement with a vested accrued benefit in the Plan have a death benefit that will be paid to their spouse or registered partner, or to another designated beneficiary. If the present value of a member's vested accrued benefit is \$1,000 or less, the actuarial equivalent will automatically be paid to the spouse or registered partner, or to another designated beneficiary in a lump sum.

At the time of a Plan member's death, the member's surviving spouse or registered partner will be able to choose from several death benefit payment options. Unless the member with the consent of the spouse or registered partner has chosen an alternative beneficiary, one of the options offered to the spouse or registered partner is a Qualified Pre-retirement Survivor Annuity ("QPSA"). A QPSA provides the surviving spouse or registered partner with a series of monthly payments for the remainder of the spouse's or registered partner's life. Based upon the member's eligibility for early retirement at the time of death or separation from service and in accordance with the terms of the Plan, the QPSA will be paid in one of the following forms:

1. If the member is age 55 or older at the time of death, immediate monthly payments in the actuarial equivalent form of a Joint Life and 100% Survivor Annuity for the remainder of the surviving spouse's or registered partner's life.
2. If the member is age 54 or younger at the time of death, deferred monthly payments in the actuarial equivalent form of a Joint Life and 100% Survivor Annuity for the remainder of the surviving spouse's or registered partner's life.

Alternatively, the surviving spouse or registered partner may elect another form of benefit available under the terms of the Plan.

**WAIVER**

Beginning with the first day of the Plan Year in which a member attains age 35 (or when a member terminates employment if the member is under age 35), the member may voluntarily waive the requirement that the member's spouse or registered partner be the sole beneficiary. The member's spouse or registered partner must consent to any waiver made by the member. The spousal/registered partner's consent must be in writing and witnessed by an authorized Plan Representative or a Notary Public. The member may revoke or change the waiver at any time; however, if the member names someone other than the spouse or registered partner as beneficiary, spousal/registered partner consent to the change will be required. Spousal /registered partner consent may be revoked any time prior to the member's death. In accordance with the terms of the Plan, the following payment forms are alternatives to a QPSA:

- a. 120 monthly payments, each payment equal to the member's vested accrued benefit adjusted to the benefit payable as of the date of death.
- b. Lump sum equal to the actuarial equivalent of the 120 payments in (a) above.

**SPOUSAL/REGISTERED PARTNER CONSENT  
(Not required if spouse/registered partner is sole, primary beneficiary)**

**Spousal/Registered Partner Consent to Waiver of Qualified Preretirement 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 or registered partner), am the legal spouse or registered partner of \_\_\_\_\_ (name of member) and I have read the above Explanation of a Qualified Preretirement Survivor Annuity ("QPSA"). I understand that I have the right to have my spouse's or registered partner's death benefit paid to me in the form of a QPSA. I understand that by signing this consent, I may receive less money than I would have received under a QPSA. 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 or registered partner's benefit to be shared with or paid entirely to a beneficiary(ies) other than me.** By signing this consent, my spouse or 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.

Signature of Spouse/ Registered Partner: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name \_\_\_\_\_

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\_\_\_\_\_.

Signature of Notary Public \_\_\_\_\_ My commission expires: \_\_\_\_\_