

VEBA BENEFICIARY / SPOUSAL CONSENT FORM



Instructions:

- Use this form to designate or change your beneficiary. If you are married in common law or in a community property or marital property state, you must designate your spouse as your Primary Beneficiary. If you wish to designate someone other than your spouse, your spouse must agree by signing in the Spousal Consent section. Your spouse's signature must be notarized.
- Forward completed form to: **MEDSURETY LLC** (VEBA Administrator) at **18001 Highway 7, Suite 204, Minnetonka, MN 55345**.
- For any questions regarding changing your beneficiary, please or call **(952) 303-5700 (888) 816-4234**
 - Please note, due to IRS regulations, not all VEBAs are eligible for beneficiaries. If you are unsure if your VEBA allows beneficiaries, please contact your employer or MEDSURETY customer service to find out if your plan allows VEBA beneficiaries.
 - What is a beneficiary?
 - A beneficiary is a person, group of people, trust, or estate that receives the funds in your account when you die.
 - Unused funds upon death
 - After the death of an account holder, the balance of a VEBA account can be used by the surviving spouse and eligible dependents.
 - In cases where there is no surviving spouse or children, the account passes to the beneficiaries if beneficiaries are allowed under your VEBA.

Accountholder Information

Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____ Employer _____

Telephone Number _____ E-mail Address _____

Beneficiary Designation

I designate the following individual(s) or entity as my primary or contingent death beneficiary(ies) of this VEBA, and I hereby revoke all prior death beneficiary designations made by me. Share percentages must equal 100% for primary and 100% for contingent.

	Name and Address	Date of Birth	Social Security Number	Primary or Contingent	Relationship	Share %
1.	First & Last Name: Address: City, St, Zip:			<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other	
2.	First & Last Name: Address: City, St, Zip:			<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other	
3.	First & Last Name: Address: City, St, Zip:			<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other	

Spousal Consent (for VEBA Accountholders married in common law or in a community property or marital property states)

- I am not married, and I understand that if I become married in the future, I must complete a new VEBA Beneficiary Change/Spousal Consent Form.
- I am married and I understand that if I choose to designate a primary death beneficiary other than my spouse, my spouse must agree to the designation by signing below. My spouse's signature must be notarized.

Signature of Spouse _____ Subscribed and sworn to before me this _____ day of _____, 20____

Date _____ Notary Public _____

Signature

I certify that I am the VEBA Accountholder or an individual authorized to execute this transaction. I assume full responsibility for this transaction and will not hold VEBA Administrator liable for any adverse consequences that may result. I have not received any tax or legal advice from VEBA Administrator and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws.

If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary death beneficiary. If any primary or contingent death beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining death beneficiary shall be increased on a pro rata basis. If more than one primary death beneficiary is designated and no distribution percentages are indicated, the death beneficiaries will be deemed to own equal share percentages in the VEBA. Multiple contingent death beneficiaries with no share percentage indicated will also be deemed to share equally. If no primary death beneficiary survives me, the contingent death beneficiary shall acquire the designated share of my VEBA.

I understand that if I am married and my residence is in a community or marital property state, or if I am transferring property to this VEBA that I acquired while married and residing in a community or marital property state, my spouse may have a community or marital property interest in contributions to and earnings in this VEBA, whatever the source. This community property interest may be released by a properly executed consent. I understand that I may wish to consult with legal counsel to ensure that my designation is proper. I understand that if I designate my spouse as primary death beneficiary or contingent death beneficiary of the VEBA, the dissolution, termination, annulment, or other legal termination of my marriage will automatically revoke such designation.

Signature of Accountholder _____ Date _____

