



Beneficiary Designation Form

Did you know you can submit your Beneficiary Designation online? To submit online please log into your account at www.myMidAmerica.com. Click the Settings icon and select Beneficiaries.

Return this completed form to:
Mail: MidAmerica Administrative & Retirement Solutions
PO Box 149, Lakeland, FL 33802-0149
Email: Forms@myMidAmerica.com | Ph: (800) 430-7999

Use this form to designate or amend your beneficiary(ies) for your account(s). Completion of this form will supersede all prior designations. This beneficiary designation will apply to all your plan(s) within the account type(s) indicated by you below. You may designate or amend beneficiary(ies) online if your plan allows for it. You can confirm by logging into your account(s) at www.myMidAmerica.com and referencing your Plan Highlights.

Please complete and provide information in all sections. Any missing, illegible or incorrect information can delay the processing of your form or prevent timely distribution to beneficiary(ies) in the event of your death.

STEP 1 PARTICIPANT INFORMATION

Employer			Social Security Number	
First Name	Last Name	M.I.	Date of Birth (MM/DD/YYYY)	
Mailing Address	City	State	Zip	
Email Address			Telephone	

STEP 2 ACCOUNT TYPE

NOTE: Choose all plans that apply.

The beneficiary designation applies to all applicable plan(s) selected below. If no selection is made, beneficiary designation will apply to all applicable plan(s) by default. If you have multiple plan(s) and choose to designate beneficiaries differently, you must complete a separate form for each applicable plan type.

- All Accounts
 Employer-Sponsored Plan
 Single Vendor Plan
 FICA Alternative Plan (3121 Premier)
 Special Pay Plan

STEP 3 BENEFICIARY DESIGNATION

NOTE: Choose ONE option below and complete the chart(s). Required for processing.

- I hereby certify that I am married and designate as my beneficiary(ies) the person(s) named below. (If Primary Beneficiary is other than spouse, spousal consent is required below.)
 I hereby certify that I am not married and designate as my beneficiary(ies) the person(s) named below.
- When designating your primary and contingent beneficiary(ies), please use whole percentages and confirm each group of beneficiaries (primary and contingent) equals 100%.
 - Your primary beneficiary cannot be yourself or your contingent beneficiary.
 - If you designate a trust as a beneficiary, please include the trust's name and address, the name of the trustee, and the date the trust was created.
 - Unless specified by your plan, if more than one beneficiary of a class is designated and no distribution percentages are identified, the beneficiaries will be deemed to own equal shares in the account.
 - If a percentage is indicated and a primary beneficiary(ies) does not survive you, the percentage of that beneficiary's designated share shall be divided among the surviving primary beneficiary(ies) in proportion to the percentage selected for them. If no primary beneficiary(ies) survives you, the contingent beneficiary(ies) shall acquire the designated share of your account.
 - To assign additional beneficiaries, or to designate a more complex beneficiary designation, please attach, sign, and date a separate piece of paper providing the information below.

Primary Beneficiary(ies):

Beneficiary Name (First Name, MI, Last Name or Name of Trust)	Social Security or Tax ID Number	Percentage Share %	Birth or Trust Date (MM/DD/YYYY)	Relationship or Trust

TOTAL: (Note: Must add up to 100%)

Participant First Name

Participant Last Name

Participant Social Security Number

Contingent Beneficiary(ies):

Beneficiary Name (First Name, MI, Last Name or Name of Trust)	Social Security or Tax ID Number	Percentage Share %	Birth or Trust Date (MM/DD/YYYY)	Relationship or Trust

TOTAL: _____ (Note: Must add up to 100%)

STEP 4 SPOUSAL CONSENT

NOTE: Please complete if you are married and notarize if applicable.

If you live in a community property state, married and your spouse is not designated as the primary beneficiary of your account, you may be required to obtain spousal consent to name the beneficiary(ies) you have elected above. Additionally, your plan may require spousal consent in such instances. It is your exclusive responsibility to ascertain if the spousal consent language appearing below is sufficient to satisfy applicable state and/or plan requirements.

I, _____, as the spouse of the above-named Participant have read and hereby voluntarily consent to the beneficiary designation indicated herein. By signing this consent, I may be waiving my right to receive a benefit from my spouse's account upon my spouse's death and that my consent is irrevocable unless my spouse completes a new Beneficiary Designation. I understand that my consent (signature) must be witnessed by a notary public for it to be accepted by MidAmerica Administrative & Retirement Solutions.

Spouse Signature

Signature Date (MM/DD/YYYY)

To Be Completed by Notary

NOTARY PUBLIC – STATE OF _____ COUNTY OF _____

I, _____, a Notary Public for said County and State do hereby certify that _____ personally appeared before me on _____, 20____, and acknowledged the due execution of the foregoing instrument.

Notary Public Signature

Commission Expiration (MM/DD/YYYY)

(Affix (Official Seal))

STEP 5 PARTICIPANT CERTIFICATION & SIGNATURE

This designation shall be effective only if received by MidAmerica Administrative & Retirement Solutions prior to the death of the person executing it.

I agree that the above information correctly reflects my desire to add and/or change death beneficiaries on all applicable plans selected above. If no beneficiary designation is elected, distributions upon my death will be governed by the terms of the plan document. I understand that I may change or add beneficiary(ies) at any time after this election is made by completing and delivering a new Beneficiary Designation Form to MidAmerica Administrative & Retirement Solutions. I understand that a spousal consent may be required if there is a change in my marital status at that time of the new election.

Participant Name (Print)

Participant Signature

Signature Date (MM/DD/YYYY)