CAPITAL HEALTH SYSTEM PENSION PLAN

BENEFICIARY DESIGNATION FOR PRE-RETIREMENT DEATH BENEFIT

Beneficiary Information	
benefits under the Capital Health System Pension P primary beneficiary prior to the first day of the plan beneficiary election upon attainment of age 35 (unle	by designate the following as my beneficiary(ies) for my vested lan. I understand that if I am married and I designate a non-spouse year (calendar year) in which I attain age 35, I must reaffirm my less I terminate employment prior to such date). I understand that my ciary(ies) only if none of my primary beneficiaries survive me.
Note: If you are married and do not designate your your death, your spouse's consent must be obtained	spouse as primary beneficiary to receive 100% of your benefits upor on the second page of this form.
Primary Beneficiary(ies)	Contingent Beneficiary(ies)
Name:	Name:
Address:	Address:
Relationship:	Relationship:
% of Benefit:	% of Benefit:
(Attach additional pages if you need more space for address of the trustee and the date the trust was exec Marital Status Please indicate your marital status	your beneficiary(ies). If your beneficiary is a trust, list the name and cuted.)
☐ I am married (see next page)	
I am not married, or I am married but my spot	ed and your spouse is located prior to commencement of
Authorization	
This designation supersedes any and all prior design subsequent designation or revoked. I understand that Resources Department.	ations and shall be effective until such time as it is superseded by a this designation shall be effective only after receipt by the Human
Participant's Signature	Date
Social Security Number	Date of Birth
Received by Office	

CAPITAL HEALTH SYSTEM PENSION PLAN BENEFICIARY DESIGNATION FORM FOR PRE-RETIREMENT DEATH BENEFIT

Participant:	
Instructions for Spousal Consent	
The Capital Health System Pension Plan provides that, payments begin, the participant's entire vested account surviving spouse as a lump sum or survivor annuity, un designation.	balance is automatically payable to the participant's
Have your spouse complete the following only if you as primary beneficiary to receive 100% of your benefits up	re married and you have not designated your spouse as pon your death.
Spousal Consent	
I,, understand to primary beneficiary to receive pre-retirement death beneficiary beneficiary to receive pre-retirement death beneficiary on the Capital Heal pre-retirement survivor annuity or in any other form (or payable to another co-beneficiary will not be paid to me a beneficiary (or co-beneficiary) other than myself is im Beneficiary Designation Form.	l acknowledge its effect on me, namely, that upon my th System Pension Plan shall not be paid to me in a r, if I am a co-beneficiary, that portion of benefits e). I understand that my consent to this designation of
Spouse's Signature	Date
Social Security Number	
Witnessed by Notary Public or Plan Representative	

Revised July 2004