

Beneficiary Designations And Acknowledgments

With this form, you name your beneficiary(ies), the person(s) you want to receive your Retirement Income Plan account and life insurance in the event of your death. You name a beneficiary for your Supplemental Retirement Plan account by logging on to millimanonline.com or by calling 1.800.995.2608. **According to state law, if you are married, you must select your spouse as the beneficiary for 100% of the proceeds from your Retirement Income Plan benefit, unless your spouse provides written notarized consent to the naming of another beneficiary.** If you are unmarried and do not designate a beneficiary, plan accounts will be paid based on plan provisions. You may name anyone to be the beneficiary of your life insurance. Additionally, this form serves as an acknowledgment of the information provided during orientation and authorizes Parkland to take payroll deductions from your paycheck each pay period, when appropriate.

1 Personal Information							
Your Last Name	First	Middle Initial	Social Security Number (SSN)		Date of Birth	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Street Address	City	State	Zip	<input type="checkbox"/> Single	<input type="checkbox"/> Married	Spouse's First Name	Spouse's Date of Birth

2 Retirement Income Plan Beneficiary(ies)			
Primary Beneficiary			
Last Name	First	MI	Share of Proceeds
Date of Birth	SSN		Relationship
Additional Beneficiary(ies)			
1 Last Name	First	MI	Share of Proceeds
Date of Birth	SSN		Relationship
2 Last Name	First	MI	Share of Proceeds
Date of Birth	SSN		Relationship
3 Last Name	First	MI	Share of Proceeds
Date of Birth	SSN		Relationship
Please provide the name of an adult to be trustee for any minor beneficiary under age 18.			
Last Name	First	MI	SSN
Street Address	City	State	Zip
<i>If 2 or more beneficiaries are named, the proceeds shall be paid to them in equal shares, unless otherwise specified.</i>			
Contingent Beneficiary(ies)			
1 Last Name	First	MI	Share of Proceeds
Date of Birth	SSN		Relationship
2 Last Name	First	MI	Share of Proceeds
Date of Birth	SSN		Relationship

3 Life Insurance Beneficiary(ies)			
<input type="checkbox"/> If you want to choose the same beneficiary(ies) for your life insurance that you named for your retirement benefits, check this box and go to Section 4.			
1 Last Name	First	MI	Share of Proceeds
Date of Birth	SSN		Relationship
2 Last Name	First	MI	Share of Proceeds
Date of Birth	SSN		Relationship
3 Last Name	First	MI	Share of Proceeds
Date of Birth	SSN		Relationship
Please provide the name of an adult to be trustee for any minor beneficiary under age 21.			
Last Name	First	MI	SSN
Street Address	City	State	Zip
<i>If 2 or more beneficiaries are named, the proceeds shall be paid to them in equal shares, unless otherwise specified.</i>			
Contingent Beneficiary(ies)			
1 Last Name	First	MI	Share of Proceeds
Date of Birth	SSN		Relationship
2 Last Name	First	MI	Share of Proceeds
Date of Birth	SSN		Relationship
3 Last Name	First	MI	Share of Proceeds
Date of Birth	SSN		Relationship

4 Orientation Forms Checklist	
I am taking the Enrollment/Change Form For Optional Benefits with me today. I understand that this form, which includes enrollment for optional benefits such as medical and dental, must be returned to the Benefits Department, located on the 2nd floor of Support Building B, within 31 days. If the forms are not returned within 31 days of my hire date, I cannot enroll again until the next annual enrollment, which takes place only once a year, usually in November. Any benefits that I choose during annual enrollment will become effective January 1 of the following year.	Your Initials: _____

5 Payroll Deduction Authorization	
I understand that if I enroll in any of the optional benefits, the appropriate deductions will be taken from my paycheck once I become eligible. Deductions for medical, dental, flexible spending accounts, the Disability Buy-Up Plan, the Disability Buy-Down Plan and the Supplemental Retirement Plan will be deducted on a before-tax basis. Medical and dental insurance deductions will start during the pay period of my effective date. If these deductions do not appear on my check at the proper time, I should call the Benefits Department. I understand that I should review the deductions from my paycheck each time it is issued and report any discrepancies to the Benefits Department.	

6 Your Signature	
The information provided on this form is correct to the best of my knowledge.	
Your Signature: _____	Today's Date: _____

