



# Municipal Employees' Benefit Trust

## Edmonds MEBT Plan

### BENEFICIARY DESIGNATION FORM

Return this form to:

MEBT Human Resources  
121 Fifth Avenue North  
Edmonds, WA 98020

Use this form to designate a beneficiary for a new or existing MEBT Retirement Account.

**Complete Section E Consent of Spouse only if you are married and designating someone other than your spouse as your primary beneficiary.**

#### Section A: PARTICIPANT INFORMATION

Name (Last, First, Middle)	Social Security Number	Marital Status S <input type="checkbox"/> M <input type="checkbox"/>	
Permanent Address	City	State	Zip
Daytime phone no. (     )	Date Hired	Date of Birth	

#### Section B: BENEFICIARY DESIGNATION

Pursuant to the provisions of the plan permitting the designation of a beneficiary or beneficiaries by a participant, I hereby designate the following person or persons (or trusts) as primary and secondary beneficiaries of my accrued benefit under the plan payable by reason of my death:

**Primary Beneficiary(ies)** Relationship Codes: **S** = Spouse, **C** = Child, **P** = Parent, **T** = Trust, **E** = Estate, **O** = Other

Name	Relationship	Street Address	City, State, Zip	Social Security #

#### Secondary Beneficiary(ies)


#### Section C: PARTICIPANT AUTHORIZATION

**I HEREBY REVOKE ALL PRIOR DESIGNATIONS (IF ANY) OF BENEFICIARIES AND RESERVE THE RIGHT TO REVOKE OR CHANGE ANY BENEFICIARY DESIGNATION.**

The trustee shall pay all sums payable under the plan by reason of my death: (1) to the primary beneficiary, if he or she survives me; (2) if no primary beneficiary shall survive me, then to the secondary beneficiary(ies); and (3) if no named beneficiary survives me, then the trustee shall pay all amounts in accordance with the provisions of the plan.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date of this designation

#### Section D: MEBT AUTHORIZATION \_\_\_\_\_

# **Municipal Employees' Benefit Trust (MEBT) BENEFICIARY DESIGNATION**

**If you are single, or if you are married and have named your spouse as the sole primary beneficiary, you do not need to complete Section E of this form.**

A participant's spouse's consent is required if the participant designates an entity or person other than the spouse to receive any part of the plan benefit payable upon the participant's death. The participant's spouse's consent must be voluntary and must be notarized by a notary public.

As a participant, if you get married after the date of this document, your beneficiary designation will be invalid unless it otherwise complies with the spousal consent requirements.

**Section E: CONSENT OF SPOUSE**

I, the undersigned spouse of the participant named in the above "Beneficiary Designation," certify I have read the designation of beneficiary form. I understand that:

1. My spouse has designated an entity or a person other than me to receive benefits from the plan upon my spouse's death. These benefits may consist of community property in which I have an interest.
2. The designation of a beneficiary other than me will cause some or all of any benefits that are payable from the plan upon my spouse's death to be paid to the named beneficiary rather than me.
3. If I do not voluntarily consent to my spouse's beneficiary designation, the designation will be invalid and I will receive any benefits that may be payable from the plan upon my spouse's death.

I voluntarily consent to and join in the beneficiary designation made by my spouse, without regard to whether I survive or predecease my spouse. This consent is irrevocable unless my spouse changes the designation. If my spouse changes the designation, I understand I must file a similar consent to the new designation or my consent is no longer effective.

\_\_\_\_\_  
Signature of Participant's Spouse

\_\_\_\_\_  
Date

STATE OF WASHINGTON )  
                                  ) ss.  
COUNTY OF \_\_\_\_\_)

I certify that I know or have satisfactory evidence that \_\_\_\_\_ signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

\_\_\_\_\_  
NOTARY PUBLIC in and for the State  
of Washington residing at \_\_\_\_\_  
My Commission expires: \_\_\_\_\_