



60 East South Temple • P.O. Box 45530
Salt Lake City, Utah 84145
Telephone: 1-801- 578-5600 • Toll free: 1-800-777-3622
Fax: 1-801-578-5904 • Web site: www.dmba.com

MASTER RETIREMENT PLAN BENEFICIARY FORM

PERSONAL INFORMATION

PRINTED NAME			DESERET MUTUAL ID NUMBER	
MAILING ADDRESS		CITY	STATE	ZIP CODE
BIRTH DATE	MARITAL STATUS	HOME PHONE NUMBER ()	WORK PHONE NUMBER ()	

INSTRUCTIONS FOR PARTICIPANT

At the time you submit your Deseret Mutual *Master Retirement Plan Application*, use this form to designate your primary and/or alternate beneficiaries. If during your retirement you want to change your beneficiaries, use this form. Keep in mind that after your retirement benefit payments begin, you cannot change your payment option.

NOTE:

- If you chose the Standard Benefit (10-year Certain & Life), 15, or 20-year Certain & Life payment option, then the plan requires you to name your spouse as your primary beneficiary. If you do not, your spouse must consent in writing. **Spousal consent (on the next page) is not required for Joint & Survivor options.**
- If you choose a Joint & Survivor option (10-year Term Certain), the benefit payments will continue to your spouse after you die. If both you and your spouse die before 10 years after your retirement date, your named beneficiary will receive the remaining benefit payments to the end of the 10-year term. **Therefore, if you choose a Joint & Survivor option, your beneficiary must be someone other than your spouse.**

If this form is not complete, including your signature and date, it is invalid and will be returned to you. We cannot process your request until we receive a valid form.

BENEFICIARY DESIGNATION

List your primary and alternate beneficiaries on this form. If you need more space, attach a sheet of paper. **Please indicate whether the beneficiary is a primary or alternate beneficiary.** If more than one primary beneficiary is listed, the benefit will be divided equally among those listed. Likewise, if there is no living primary beneficiary and more than one alternate beneficiary listed, the benefit will be divided equally among those listed. Beneficiaries will be responsible for paying all taxes on the benefits they receive.

Check One

Primary	Alternate	BENEFICIARY NAME		SOCIAL SECURITY NUMBER	
		MAILING ADDRESS	CITY	STATE	ZIP CODE
		BIRTH DATE	RELATIONSHIP	HOME PHONE NUMBER ()	WORK PHONE NUMBER ()

Check One

Primary	Alternate	BENEFICIARY NAME		SOCIAL SECURITY NUMBER	
		MAILING ADDRESS	CITY	STATE	ZIP CODE
		BIRTH DATE	RELATIONSHIP	HOME PHONE NUMBER ()	WORK PHONE NUMBER ()

Signatures are required on the following page.

Check One

Primary	Alternate	BENEFICIARY NAME		SOCIAL SECURITY NUMBER	
		MAILING ADDRESS	CITY	STATE	ZIP CODE
		BIRTH DATE	RELATIONSHIP	HOME PHONE NUMBER ()	WORK PHONE NUMBER ()

Check One

Primary	Alternate	BENEFICIARY NAME		SOCIAL SECURITY NUMBER	
		MAILING ADDRESS	CITY	STATE	ZIP CODE
		BIRTH DATE	RELATIONSHIP	HOME PHONE NUMBER ()	WORK PHONE NUMBER ()

Check One

Primary	Alternate	BENEFICIARY NAME		SOCIAL SECURITY NUMBER	
		MAILING ADDRESS	CITY	STATE	ZIP CODE
		BIRTH DATE	RELATIONSHIP	HOME PHONE NUMBER ()	WORK PHONE NUMBER ()

Check One

Primary	Alternate	BENEFICIARY NAME		SOCIAL SECURITY NUMBER	
		MAILING ADDRESS	CITY	STATE	ZIP CODE
		BIRTH DATE	RELATIONSHIP	HOME PHONE NUMBER ()	WORK PHONE NUMBER ()

PARTICIPANT SIGNATURE

This designation replaces any prior designation for benefits from my Deseret Mutual Master Retirement Plan.

SIGNATURE OF RETIREE

DATE

SPOUSAL CONSENT

(This form is not required if you choose a Joint & Survivor option.)

If you are married and choose a primary beneficiary other than your spouse or in addition to your spouse, including a trust, your spouse must give written consent. A notary public or an authorized Deseret Mutual plan representative must complete this form, including the printed name of the person whose signature is witnessed.

I, _____, agree to my spouse's designation of someone other than or in addition to me as beneficiary of his/her Master Retirement Plan benefit.

SIGNATURE OF SPOUSE

DATE

The following was subscribed and sworn before me on this _____ day of _____, 20____,

SIGNATURE OF NOTARY PUBLIC

SIGNATURE OF AUTHORIZED DESERET MUTUAL REPRESENTATIVE

State of _____

County of _____

My commission expires _____

SEAL