

**PENSION PLAN OF THE PACIFIC NORTHWEST LABORATORIES,  
 BATTELLE MEMORIAL INSTITUTE ("PLAN")  
 POST-RETIREMENT BENEFICIARY DESIGNATION FORM  
 (Period Certain Benefits Only)**

**Annuitant Information:**

Name (Last, First, Middle) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Employee I.D. No. \_\_\_\_\_  
 Marital Status (Initial One): \_\_\_\_\_ Single \_\_\_\_\_ Married  
 (If your marital status changes, you must complete a new beneficiary form.)

**Beneficiary Designation:**

To the following PRIMARY BENEFICIARY(IES) who survive me, in equal shares unless otherwise indicated (Print Names in Full):

Name (Last, First, Middle)	Relationship	Date of Birth	Social Security Number	Percent
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

To the following CONTINGENT BENEFICIARY(IES) (Initial One):

- \_\_\_\_\_ 1. Equally to my children born to or legally adopted by me, if living, otherwise to their issue, per stirpes.  
 (Per stirpes—the child(ren) of a deceased child share equally in the deceased child's share.)
- \_\_\_\_\_ 2. Equally to my children born to or legally adopted by me, who are living at the time of my death.
- \_\_\_\_\_ 3. To the person(s) named below, in equal shares unless otherwise indicated (Print Names in Full):

Name (Last, First, Middle)	Relationship	Date of Birth	Social Security Number	Percent
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Notice to Retirees:**

- If you are married at the time of the annuity starting date and you do not want your surviving spouse to be your sole primary beneficiary, your spouse is required to complete the consent section on the back page of this form. This consent section must be completed in the presence of a Notary Public or an authorized Plan Representative.

**Annuitant's Signature:**

I hereby revoke any prior beneficiary designation made by me and direct that any benefits which may become payable under the Plan, upon my death, shall be paid to the beneficiary(ies) designated on this form, subject to the terms of the Plan as it may be amended from time to time. If I have designated more than one primary beneficiary or contingent beneficiary, payments will be made equally to them, unless otherwise indicated on this designation. If no primary or contingent beneficiary(ies) can be determined at the time of my death, I understand that any benefits will be paid in accordance with the terms of the Plan. This beneficiary designation remains in effect until I revoke it by completing another Beneficiary Designation Form.

Signature _____	Signature of Witness _____ (Cannot be a Beneficiary)
Printed Name _____	Printed Name _____
Date _____	Date _____

Return this form to Battelle's Benefits Administration Office.

Date Received \_\_\_\_\_ Plan Representative \_\_\_\_\_

**PENSION PLAN OF THE PACIFIC NORTHWEST LABORATORIES,  
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SPOUSAL CONSENT**

**(Only required for retirees naming someone other than their spouse as sole primary beneficiary.)**

**Spousal Consent to Waiver of Qualified Joint and Survivor Annuity and to Naming of Different Beneficiary(ies)  
(As required by law, your signature must be witnessed by an authorized Plan Representative or a Notary Public.)**

I, \_\_\_\_\_ (name of spouse), am the legal spouse of \_\_\_\_\_ (name of retiree) and I have received and read a copy of the Qualified Joint and Survivor Annuity ("QJSA") Explanation. I understand that I have the legal right to have my spouse's retirement benefits paid in the form of a QJSA. I understand that by signing this consent, I may receive less money than I would have received under a QJSA. In accordance with the designation on this form, I agree to give up the right to any or all amounts that I may be entitled to under the terms of the Plan. **The effect of this designation is to cause my spouse's benefit to be shared with or paid entirely to a beneficiary(ies) other than me.** By signing this consent, my spouse cannot change the beneficiary named in this designation to anyone other than me, unless I agree to the new beneficiary(ies) by signing a new consent form. I understand that I do not have to sign this consent and the signing of this consent by me is a voluntary act. Further, I understand that I may revoke this consent at any time prior to my spouse's death. (To revoke this consent, contact Battelle's Benefits Administration Office to initiate the process.)

Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

As an authorized Plan Representative, I confirm that the individual who signed the spouse's consent above has appeared before me, is known personally by me or presented satisfactory identification to me, and signed this form in my presence.

Signature of Plan Representative \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

**OR**

Sworn to and signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_.

Signature of Notary Public \_\_\_\_\_ My commission expires: \_\_\_\_\_

(Seal)