

Beneficiary Designation Form

Account Information

Your Name:

Date:

Account Number(s):

Declaration

PRIMARY BENEFICIARY(IES): I hereby designate the person(s) or entity(ies) named below as primary beneficiary(ies).

CONTINGENT BENEFICIARY(IES): If there are no primary beneficiary(ies) living at the time of my death, I hereby specify that the balance be distributed to the contingent beneficiary(ies).

[PRIMARY] Designation/Change of Beneficiary(ies)

Name	Date of Birth	Relationship	Share (%)	TIN Tax Identification Number Other
Western New Mexico University Foundation				85-0305630

[CONTINGENT] Designation/Change of Beneficiary(ies)

Name	Date of Birth	Relationship	Share (%)	TIN Tax Identification Number Other

I understand that if no designated beneficiary survives me, or if no beneficiary designation is in effect at my death, the account balance(s) will be paid to my spouse, or if I am not survived by a spouse, to my estate. I am aware that this form replaces all prior beneficiary designations for the account(s) listed on this form, becomes effective when received and accepted by [AGENCY], and will remain in effect until I deliver to [AGENCY] another designation form with a later date.

Name & Signature _____

Date _____

Spouse's Consent to Alternate Beneficiary Designation: If you are not married, the plan administrator or notary public does not have to sign the form. If you are married, your spouse must sign and date this section if you designate someone other than your spouse as beneficiary. The plan administrator or a notary public must sign to certify your spouse's signature.

Spouse's Consent to Alternate Beneficiary designation: "I am the spouse of the participant who made the beneficiary designation on this form and I consent to it. I understand that if someone other than me has been designated beneficiary, my consent means that I give up my rights I may have under the Plan and applicable law (other than rights I may later have as the survivor in a joint annuity with the participant) to receive those amounts payable under the Plan by reason of the participant's death to which I would otherwise be entitled if I were the participant's sole beneficiary."

Spouse Signature	Date
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Signature of Plan Administrator or Notary Public	Date
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Notary Title/Commission	Expiration Date
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