

**NEZ PERCE TRIBE EMPLOYEES' RETIREMENT PLAN
BENEFICIARY DESIGNATION FORM**

Participant Information

Name: _____ SSN: _____

Street Address: _____

City, State, Zip Code: _____

Which divisions have you worked for? *Please check ALL divisions that have ever applied since you began employment with the Nez Perce Tribe.*

Nez Perce Tribe Nez Perce Tribal Enterprises Nez Perce Tribe Housing Authority Nimiipuu Health

Marital Certification

I hereby certify that I: am married am not married, or I am legally separated.

Primary Beneficiary Designation

Upon my death, I designate the following beneficiary(ies):

If you are married, your spouse will automatically become the beneficiary of 100% of your entire plan balance unless he/she completes the Spousal Waiver section on the reverse side of this form.

Name: _____ SSN: _____ Relationship: _____

Current Full Address: _____ % of Benefit: _____

Name: _____ SSN: _____ Relationship: _____

Current Full Address: _____ % of Benefit: _____

Name: _____ SSN: _____ Relationship: _____

Current Full Address: _____ % of Benefit: _____

Contingent Beneficiary Designation

Upon my death, I designate the following contingent beneficiary(ies):

This designation only applies if none of my primary beneficiary(ies) are alive at my death.

Name: _____ SSN: _____ Relationship: _____

Current Full Address: _____ % of Benefit: _____

Name: _____ SSN: _____ Relationship: _____

Current Full Address: _____ % of Benefit: _____

Name: _____ SSN: _____ Relationship: _____

Current Full Address: _____ % of Benefit: _____

You must complete the reverse side of this form.

Spousal Consent to Waive Death Benefit

I hereby consent, as spouse to the above participant, to the designation made by my spouse in the forgoing election to have 100% of my spouse's death benefit (or any lesser percentage of such death benefit as is there elected) paid to the non-spouse beneficiary designated in such election. This designation has been explained to me, and I hereby acknowledge and I understand:

- (1) that the effect of such designation is to cause my spouse's death benefit to be paid to a beneficiary other than me;
- (2) that such designation is not valid unless I consent to it; and
- (3) that my consent is irrevocable unless my spouse revokes the beneficiary designation.

Your signature must be witnessed by a plan administrator or notarized by a Notary Public.

Participant Signature: _____

Date: _____

Witness Signature: _____

Date: _____

Notary Public for the County of: _____
Affix Official Seal Here:

Participant Signature

I acknowledge that:

- (1) I have received a Summary Plan Description.
- (2) I agree to abide by all of the rules and regulations set forth in the plan.
- (3) This designation revokes any previous designation I may have made.
- (4) If I die, my legal spouse will receive my plan benefit unless I name another primary beneficiary and my spouse consents on this form.
- (5) If I am not married, I must certify as such on this form.
- (6) My contingent beneficiary(ies) will be entitled to my benefit only if all of my primary beneficiary(ies) are no longer living.

Participant Signature: _____

Date: _____

Witness Signature: _____

Date: _____

Where to Submit Completed Form

| Nez Perce Tribe | Nez Perce Tribal Enterprises | Nez Perce Tribal Housing Authority | Nimiipuu Health |
|---|--|--|--|
| Human Resources Department | Human Resources Department | Human Resources Department | Human Resources Department |
| <i>via Standard Mail</i> PO Box 365 Lapwai, ID 83540 | <i>via Standard Mail</i> <i>or via Overnight Delivery</i> | <i>via Standard Mail</i> PO Box 188 Lapwai, ID 83540 | <i>via Standard Mail</i> PO Box 367 Lapwai, ID 83540 |
| <i>via Overnight Delivery</i> 120 Beaver Grade Road Rm#400 Lapwai, ID 83540 | 17500 Nez Perce Road Lewiston, ID 83501 | <i>via Overnight Delivery</i> 111 Veterans Avenue Lapwai, ID 83540 | <i>via Overnight Delivery</i> 111 Beaver Grade Road Lapwai, ID 83540 |

FOR OFFICE USE ONLY: ADMINISTRATIVE APPROVAL

Division: _____

Received Date: _____

Signature: _____

Instructions:

The administrator should file this form in the employee's personnel file or in another place, as designated by employer procedures.

Print Name: _____