

HRSA-ILA

Beneficiary Designation For all Funds

Port No: _____ SS #: _____

Participant Name:

first middle last

Important Note for Married Participants: You may designate anyone as your beneficiary for non-pension benefits. Pension Benefits due to a married Participant at the date of death may not be paid to a non-spouse beneficiary unless the spouse has agreed to this designation. If you are married and you wish to name a non-spouse beneficiary for Pension Benefits, you and your spouse must complete a Non-Spouse Beneficiary Designation Form B-2. If the non-spouse beneficiary form is not completed, Pension benefits will automatically be paid to the spouse even though he/she may not be listed as primary beneficiary.

Primary Beneficiary

In the event of a Participant's death, unless otherwise specified in a plan document, any accrued but unpaid benefits shall be paid to the following:

Name / Address / City / State / Zip	Social Security #	Relationship	DOB if under 18	Percent

Secondary Beneficiary

Secondary beneficiary receives the death benefit if the primary beneficiary is not living at the time of the insured's death.

Name / Address / City / State / Zip	Social Security #	Relationship	DOB if under 18	Percent

Signature (Insured)

_____/_____/_____
Date

Witness (The witness must be someone other than the beneficiary)

_____/_____/_____
Date

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The designation of a beneficiary is an important duty of a participant and should be reviewed periodically to insure that the designation is appropriate to your wishes. Please review the Beneficiary Designation Form on the reverse side of this document. To make sure the Fund office has correct beneficiary information for the payment of your benefits in the event of your death:

1. Provide the beneficiary's **full name**.
2. Provide the beneficiary's **social security number** (not required by law, but this information will expedite the payment of benefits).
3. **Correct, add or delete** beneficiaries as you wish.
4. Indicate the beneficiary's **relationship** to you (i.e., mother, father, son, daughter, friend).
5. If the beneficiary is **under 18** years of age, please enter date of birth.
6. Provide the beneficiary's **current address**.
7. A "**Secondary Beneficiary**" may be provided in case the "Primary Beneficiary" precedes you in death.
8. If you make changes to your Beneficiary Designation Form, **you must sign** the form, **have it witnessed** by someone other than a beneficiary, and return it within 30 days.

Beneficiary Information is required to be kept on file by the Funds. Please help us serve you by responding to this request at your earliest convenience. For additional information, or if you have questions, please call Participant Services at (757) 457-7090 or 1-800-899-3090.

Please note there may be practical or legal problems with leaving large sums of money to a minor child. You may wish to designate an adult as "Custodian for (minor child) under the Uniform Transfers to Minors Act" (UTMA) or designate an adult to receive the money as "Trustee, for the benefit of (minor child)". You may wish to have your attorney prepare a trust agreement to designate how the money will be distributed for the child.

Also, please understand that your designated beneficiary will **not** be legally obligated to pay your funeral expenses unless you make suitable arrangements with him or her.

We are pleased that the HRSA-ILA Funds are able to offer significant death benefits for your family or non-family designated beneficiary. It is very important that these funds be handled in an appropriate manner by the person you select. Therefore we encourage you to consult your attorney concerning this designation, having a Will, an advance medical directive, if desired, and other suitable arrangements (e.g. trusts, custodial accounts).