

# HRSA-ILA

## Non-Spouse Beneficiary Designation Required for Pension Benefits Only

---

Port No: \_\_\_\_\_ SS #: \_\_\_\_\_

Participant Name:

\_\_\_\_\_  
first middle last

I hereby consent to the beneficiary designation by my spouse on the HRSA-ILA Beneficiary Designation Form B-1. Further, I acknowledge that my spouse's designation of another primary beneficiary in lieu of, or in addition to, me will cause some or all of my spouse's Pension benefits to be paid to a beneficiary other than me. I understand that my consent is irrevocable unless my spouse revokes the beneficiary designation.

Spouse's Full Name:

\_\_\_\_\_  
first middle last

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**Witnessed in the presence of Fund Representative**

\_\_\_\_\_  
Fund Representative Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**Or**

**Witnessed in the presence of Notary Public**

Before me personally appeared \_\_\_\_\_ who executed the above Non Spouse Beneficiary Designation.  
(Name of Spouse)

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Commission Expires