copilot RETIREMENT SERVICES by PAi

BENEFICIARY DESIGNATION FORM

INSTRUCTIONS

As an Employee in the Plan, use this form to designate the Beneficiary (ies) who will receive your Plan benefits in the event of your death. Designating beneficiaries is an important decision, and you may want to consult your attorney or financial advisor prior to making your decision. This form only governs benefits under the Plan and is not a substitute for a will. Your Beneficiary designation is effective on the date your completed and signed form is received and signed by an Authorized Employer Representative for the plan. The most recent form on file supersedes all previous beneficiary designations.

EMPLOYEE INFORMATION

Plan Name: Chesterfield Holding Company, an Ohio Corporation 401(k) PS Plan

Employee Name:

I certify that I am: ☐ Married ☐ Not Married

PRIMARY BENEFICIARY

First and Last Name or Trust	Social Security Number or TIN	% Allocated	Relationship or Trust

CONTINGENT BENEFICIARY

First and Last Name or Trust	Social Security Number or TIN	% Allocated	Relationship or Trust

AUTHORIZATION

Employee Signature _____ Date _____

Authorized Employer Representative (N/A for IRA) _____ Date _____

Required for 401(K) plans, an Authorized Employer Representative must sign and date this form for approval.
NOTE: Beneficiary designation information is solely for the use of the Employer. This information shall not be maintained or acted upon by any other party. Please report any change to this information directly to your Employer.

SPOUSAL CONSENT (REQUIRED WHEN MARRIED EMPLOYEES DO NOT DESIGNATE THEIR SPOUSE AS 100% PRIMARY BENEFICIARY)

I hereby approve of, and consent to, the designation of Beneficiary(ies) elected by my spouse above. I understand that in approving a Beneficiary(ies) other than myself, I am waiving my right to any benefit under the plan. I understand the designation will remain in effect until a subsequent Beneficiary(ies) designation with my written consent if filed.

Spouse's Signature _____ Date _____

Notary Public _____