



Please return this form to:
GEBA Wealth Management
1362 Mellon Road, #100
Hanover, MD 21076
Or fax (443) 403-0321 or email geba@geba.com

Member Number

Telephone:
(410) 657-8060 or (800) 826-1126

Supplemental Retirement Plan Designation of Beneficiary Form

General Information:

Applicant's Name (First, MI, Last)			Social Security Number		Date of Birth (mm/dd/yyyy)
Street Address			Home Email Address		
City	State	ZIP	Home Phone No.	Work Phone No.	Cell Phone No.

- Beneficiaries may be a person(s), estate, trust, or organization. If a trust is named, the legal documentation must be submitted with this form.
- If your primary beneficiary(ies) is(are) unable to accept the distribution, your contingent beneficiary(ies) will receive proceeds of the account.
- Please be sure that percentages listed in each beneficiary category add up to 100%. Use a separate sheet to list any additional beneficiaries. You must sign and date all attachments.

Account Information:

Which plan do you want this designation of beneficiaries applied to? (Choose all that apply below.)

Stable Value Account
☐ IRA
☐ Group Annuity
☐ Roth IRA

- ☐ I designate that my beneficiaries be named per stripes.
(Please sign and attach a blank sheet with primary and corresponding per stripes beneficiaries.)

I hereby designate the person or persons below as beneficiary for the insurance specified above, revoking any other beneficiary designation:

Primary Beneficiary(ies):		
First MI Last	Relationship	Date of Birth (mm/dd/yyyy)
Beneficiary Address (Number, Street, City, State, Zip Code)		Social Security No.
Email	Phone	% of Benefit
First MI Last	Relationship	Date of Birth (mm/dd/yyyy)
Beneficiary Address (Number, Street, City, State, Zip Code)		Social Security No.
Email	Phone	% of Benefit
First MI Last	Relationship	Date of Birth (mm/dd/yyyy)
Beneficiary Address (Number, Street, City, State, Zip Code)		Social Security No.
Email	Phone	% of Benefit

Contingent Beneficiary(ies):		
First MI Last	Relationship	Date of Birth (mm/dd/yyyy)
Beneficiary Address (Number, Street, City, State, Zip Code)		Social Security No.
Email	Phone	% of Benefit
First MI Last	Relationship	Date of Birth (mm/dd/yyyy)
Beneficiary Address (Number, Street, City, State, Zip Code)		Social Security No.
Email	Phone	% of Benefit
First MI Last	Relationship	Date of Birth (mm/dd/yyyy)
Beneficiary Address (Number, Street, City, State, Zip Code)		Social Security No.
Email	Phone	% of Benefit

Signature: _____ Date: _____

Spousal Consent and Waiver:

For Non-married Participants

☐ I certify that I am not married, and spousal consent is not required.

Signature: _____ Date: _____

For Married Participants

If you are married and designate a beneficiary(ies) other than your spouse for your death benefit, such designation will not be effective unless your spouse indicates agreement with the designation by signing the Spousal Consent below. **Spousal Consent:** I hereby consent to the designation of the beneficiary(ies) listed above. I understand that (1) the effect of this designation is to cause some or all of my spouse's death benefit, or a portion of it, to be paid to someone other than me; (2) that each beneficiary designation is not valid unless I consent to it; and (3) my consent is irrevocable unless my spouse revokes the beneficiary designation.

Signature of Spouse: _____ Date: _____

Notarization of Spouse's Signature

State of _____ County _____

The undersigned Notary Public certifies that _____, personally known to me to be the same person whose name is subscribed to the foregoing document, appeared before me in person, and acknowledged the signature and delivery of this instrument as his or her free and voluntary act, for the uses and purposes therein set forth.

Notary Public Signature: _____ Date: _____

Notary First Name: _____ Middle Name: _____ Last Name: _____

My Commission Expires: _____

OR

Plan Representative Witness

The undersigned, with authority to act on behalf of the Plan, certifies that _____, the Participant's spouse, appeared before me in person, and executed the foregoing document freely and voluntarily.

Signature of Spouse: _____ Date: _____

* If spousal consent is required but cannot be obtained, this form must be accompanied by an affidavit completed by the participant and approved by the Plan Administrator. The affidavit must state that spousal consent is not needed or cannot be obtained because: (1) the participant's spouse cannot be found; or (2) the participant is legally separated from or has been abandoned by the spouse (within the meaning of local law) and has a court order to such effect and no qualified domestic relations order exists that requires spousal consent to this withdrawal.

Updated 10.14.2021