



# Beneficiary Designation Form

## Nationwide Retirement Plans

### 1. Plan Information

Plan Number: 0062868001 Plan Name: Sea Island 401k Savings Plan  
Plan Type: 401(k)

### 2. Participant Information

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

By providing your email address you are consenting to receive the electronic communications as it relates only to this form unless otherwise elected below:

- I wish to be contacted via the telephone number provided above.
- I wish to be contacted via US mail

### 3. Beneficiary Designation (replaces any prior designation)

**IMPORTANT NOTES:** 1) Allocations must total 100% for each category of beneficiary; and 2) If you designate a single primary or contingent beneficiary and do not list a percentage, it will be designated as 100%.

**I have additional beneficiaries.** If you want to designate more than 2 of each type of beneficiary, you may attach a page with the additional beneficiary information. Allocations must still total 100% for each category.

**Primary Beneficiary(ies)** (must total 100%):

- 1. **Full Name:** \_\_\_\_\_ Allocation: \_\_\_\_\_%  
Relationship: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
- 2. **Full Name:** \_\_\_\_\_ Allocation: \_\_\_\_\_%  
Relationship: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Contingent Beneficiary(ies)** (must total 100%):

- 1. **Full Name:** \_\_\_\_\_ Allocation: \_\_\_\_\_%  
Relationship: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
- 2. **Full Name:** \_\_\_\_\_ Allocation: \_\_\_\_\_%  
Relationship: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### 4. Spousal Consent (required if you're married and designate less than 100% to your spouse)

If married, your spouse must sign, acknowledging the Disclosure Statement below. Additionally, your spouse's signature must be witnessed by the Plan Sponsor or a Notary.

Not Applicable - I certify I am not married

I consent to the primary beneficiary designation(s) made by my spouse. I understand that I have the right to all of my spouse's vested account under this plan after my spouse dies. I understand that by signing this consent, I am giving up my right to some or all of the benefits under this plan, that the designation is not valid unless I consent to it, and that my consent is irrevocable unless my spouse revokes the beneficiary designation.

**Spouse Information:**

Printed Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**5. Witness of Spousal Signatures**

**Witnessed by Notary or Plan Sponsor:**

State of \_\_\_\_\_, in the county of \_\_\_\_\_, subscribed and sworn to before me by the above-named individual who is personally known to me or who has produced \_\_\_\_\_ as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed on \_\_\_\_\_ (mm/dd/yyyy).

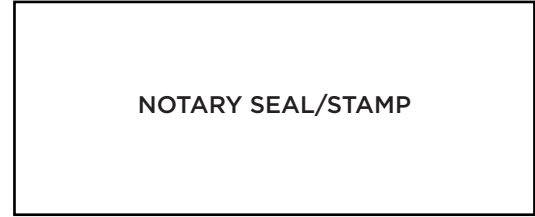
**Witness Information:**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

My notary commission expires: \_\_\_\_\_



**6. Participant Authorization Signature**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**8. Form Return**

**By Mail:** Nationwide Retirement Plans  
PO Box 182797  
Columbus, OH 43218-2797

**By Fax:** 877-677-4329  
**By Email:** rpublic@nationwide.com