



Employer Authorization for Distribution of Death Benefits

A. COMPANY INFORMATION

Company Name: _____

Branch/Client Number: _____

B. PARTICIPANT INFORMATION (DECEASED)

Participant Name: _____

Social Security Number: **XXX-XX-**_____

C. BENEFICIARY DESIGNATION

Married; Spousal Beneficiary: I have determined that the participant was married at the time of death. Accordingly, the participant's spouse is the primary beneficiary of the participant's retirement plan benefits.

| Spouse Name | Spouse SSN | Percent of Account Payable |
|-------------|------------|----------------------------|
| _____ | _____ | _____ % |

Non-Spouse Beneficiary: I have determined that the participant was not married at the time of death — OR — a spousal waiver has been executed. Accordingly, the following individuals or revocable trusts are beneficiaries of the participant's retirement plan benefits.

| Beneficiary Name (or Trust Name) | Beneficiary SSN (or Trust EIN) | Percent of Account Payable |
|----------------------------------|--------------------------------|----------------------------|
| _____ | _____ | _____ % |
| _____ | _____ | _____ % |
| _____ | _____ | _____ % |

Payment of Benefits to Estate: I have determined that one of the following applies: The participant was not married at the time of death — OR — a spousal waiver has been executed, or after diligent effort a beneficiary cannot be identified. Accordingly, payment of benefits will be made to the participant's estate.

Name of Estate: _____ Estate EIN: _____

Executor/Administrator Name: _____ Percent of Account Payable: _____ %

D. BENEFICIARY/ESTATE CONTACT INFORMATION

Upon receipt of this form, Paychex will mail the Distribution Election Form to the beneficiary (or estate contact, or trustee) at the address provided below. If no mailing address is provided, Paychex will default to sending the paperwork to the participant's current address on file.

Mailing Address: _____

Make this the new address on file?: Yes No

Email: _____

Telephone: _____

Trustee Name (if Beneficiary is a Trust): _____

E. PLAN ADMINISTRATOR AND TRUSTEE SIGNATURE

As Plan Administrator/Trustee, I have determined the information provided above is accurate and authorize and direct Paychex to distribute the Participant's retirement plan benefits to the Beneficiary or Estate designated above. I understand that Paychex will make the distribution based on this document and the information provided herein. (NOTE: Wet signature required – digital and electronic signatures are not accepted.)

Plan Administrator Signature: _____ Trustee Signature: _____

Plan Administrator Name (Print): _____ Trustee Name (Print): _____

Email: _____ Telephone: _____ Date: _____

Mail: Paychex Retirement Services, Attn: Loans and Distributions, 1175 John Street, West Henrietta, NY 14586

Fax: (585) 389-7219