



BENEFICIARY STATEMENT

Please complete 1 original per plan for each participant and mail to:

California Dentists' Guild
870 Market Street, Suite 845
San Francisco, CA 94102

- Profit Sharing Plan
- Money Purchase Pension Plan
- Age-Weighted Profit Sharing Plan
- New Comparability Profit Sharing Plan
- SIMPLE 401(k) Profit Sharing Plan
- SEP-IRA
- Self Trustee / Outside Plan

Participant Name and Address
Social Security #:
Date of Birth:
Tel: ()

Employer Name and Address
Tel: ()

The undersigned hereby consents and agrees to be bound by all of the terms and conditions of the Plan and Trust, including any amendments hereafter adopted, and, further, agrees to comply with all of the requirements there under applicable to the undersigned, including (without limitation of the generality of the foregoing) the furnishing of such information regarding personal and/or family status and/or other relevant matters as the Plan Trustee and/or Employer may require.

The undersigned hereby designates the Beneficiary(ies) to whom shall be paid any death benefit which may become payable under said Plan in the event of the death of the undersigned. If additional space is needed to designate beneficiaries, submit a signed and dated attachment.

Amendment of Beneficiary Designation may be made, subject to applicable law, at any time. Note that your spouse must give written, mandatory, or witnessed consent to designation of any other person(s) as primary and 100% beneficiary.

Renewal of Beneficiary Designations should be submitted by the undersigned to the Plan Trustee whenever there is a change in marital status or the birth or death of dependents or other designated beneficiaries.

	Name and Address	DOB	SS #	Relationship	Share %
Primary					
Contingent					
Contingent					

Spousal Consent	
<input type="checkbox"/> I Am Not Married - I understand that if I become married in the future, I must complete a new Beneficiary Designation form.	
<input type="checkbox"/> I Am Married - I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign below.	
Signature of Spouse	Date
Signature of Witness	Date

Signature	
I understand that I may change or add beneficiaries at any time by completing and delivering the proper forms to the Administrative Director or Plan Trustee. The Administrative Director or Plan Trustee has provided no tax or legal advice to me regarding my beneficiary designation.	
Signature	Date