The Rehab Continuum 401(k) Retirement Savings Plan
Designation of Beneficiary Form

PARTICIPANT INFORMATION: (Please print information clearly)

Employee Name: _____

Street: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____

Date of Birth: _____

I hereby revoke any Designation of Beneficiary I may previously have made under the above Plan and designate the following as my Beneficiary(ies) under the Plan:

Primary Beneficiary(ies)

Name	*Relationship*	*Social Security Number*	*% Share*

Contingent Beneficiary(ies)

Name	*Relationship*	*Social Security Number*	*% Share*

CURRENT MARITAL STATUS (check one)

☐ **I am not married.** I understand that if I become married in the future, this form automatically ceases to apply and I should file a new Designation of Beneficiary.

☐ **I am married.** If my spouse is not the only Primary Beneficiary, my spouse has signed the consent on this form. (If consent of your spouse cannot be obtained – e.g., cannot be located or is incapacitated – contact your employer for information about possible alternatives.) I understand that if my marital status changes, this Designation will nevertheless remain in effect until I file a new Designation.

_____ _____

Participant's Signature Date

SPOUSE'S CONSENT

I hereby approve of, and consent to, the beneficiary designation adopted by my spouse as provided above. I understand that I am entitled to receive a spousal benefit under the Plan unless I consent to a different beneficiary designation. I also understand that the above designation has the effect of causing the death benefit under the Plan to be paid to another beneficiary. I further understand that my spouse may not change the primary beneficiary designation above without first obtaining my written consent.

_____ _____ _____

Name of Spouse Spousal Signature Date

Sworn to, and witnessed by me, this _____ day of _____ (month), _____

Name of Notary Public: _____

Notary Public's Signature: _____

If not notarized, witnessed by:

_____ _____ _____

Name of Plan Administrator Plan Administrator's Signature Date

Please return this form to your employer.