

**Pennsylvania H.B.P.A. Retirement Plan
Enrollment Form & Beneficiary Designation**

Part A – Participant Enrollment Information

Name _____ Social Security No. _____
Address _____ Date of Birth _____

Part B – Beneficiary Designation

Having read "Your Death Benefit and Beneficiary Designation Rights" in Part C and revoking any prior designation, I hereby designate the following person(s) to receive the death benefits due under the Plan, reserving the right to change this beneficiary designation from time to time.

Primary Beneficiary(ies):				
Name	Social Security No.	Date of Birth	Relationship	Percentage %
1. _____				
2. _____				
3. _____				
4. _____				100%

The contingent beneficiary(ies) will only receive a benefit if none of the primary beneficiaries survive you.

Contingent Beneficiary(ies):				
Name	Social Security No.	Date of Birth	Relationship	Percentage %
1. _____				
2. _____				
3. _____				
4. _____				100%

Note: Unless you state otherwise, if you name more than one primary beneficiary and one of them dies before you do, his/her share will be divided proportionately among the remaining surviving beneficiaries. This method of payment is called pro rata. Contact your Human Resources Department for further explanation and guidance on how to complete this form.

Sign and date this form below and return completed form to PA HBPA.

_____ Date _____ Participant's Signature

Part C – Your Death Benefit and Beneficiary Designation Rights

If you die before your account is exhausted, your beneficiary will receive your remaining account as a lump sum. No spousal consent to this beneficiary designation is required.