



- ▶ Use this Form to designate who should receive your benefits if you die with a positive account balance in one or more of the following NFL Player retirement benefit plans (“Plans”):
  - NFL Player Second Career Savings Plan (401(k) Savings Plan);
  - NFL Player Capital Accumulation Plan (Capital Accumulation Plan); and/or
  - NFL Player Annuity Program (Annuity Program, includes both Qualified and Non-Qualified Accounts).

**You can name both primary and secondary beneficiaries.**

**Primary:** Your first choice for the person (or people) who should receive your benefits after you die.

**Secondary:** The recipient of your benefits if your primary beneficiary is not alive at the time of your death.

You can designate as many primary and secondary beneficiaries as you want. The benefit will be divided equally amongst your primary (or secondary beneficiaries if applicable) unless you indicate otherwise.

If you do not have a valid beneficiary designation on file, the balance in your account(s) will be paid to your spouse; if you are not married, the balance will be paid to your estate instead.

If you are married, the law requires that you must obtain your spouse’s consent to choose beneficiaries other than your spouse. There is a spousal consent section at the end of this Form for this purpose.

**PLANS**

*For your Beneficiary Designation to be effective, you must select at least one of the Plans below. Select all that apply.*

**This Designation applies to the following Plan(s):**

- 401(k) Savings Plan**
- Capital Accumulation Plan**
- Annuity Program (includes both Qualified and Non-Qualified Accounts)**

If you do not check all of the boxes above, you must fill out a separate Beneficiary Designation Form to designate beneficiaries under any Plan not checked.

**SIGNATURE AND AUTHORIZATION**

I certify that all of the information provided on or with this Beneficiary Designation Form is, to the best of my knowledge, true, accurate, and complete. I understand that, if I am married at the time of my death, my surviving spouse will be my beneficiary unless the written consent of my spouse is given on this Form and witnessed by a notary public and provided to the NFL Player Benefits Office prior to my death.

Signature of Player \_\_\_\_\_ Date Completed \_\_\_\_\_



## PLAYER INFORMATION

Player's Name (please print) \_\_\_\_\_  
Last First Middle Initial

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address (number, street, apt) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Player Marital Status:**  Single  Married (You may be asked to provide a marriage certificate.)

## PRIMARY BENEFICIARY DESIGNATION

I hereby designate the following as Primary Beneficiary(ies) if I die before my benefits have commenced under the applicable Plan(s) or before my entire account balance(s) has been distributed:

**Primary Beneficiary Name** (please print) \_\_\_\_\_  
Last First Middle Initial

Relationship to Player \_\_\_\_\_  %\* (Leave blank to share equally.)

Address (number, street, apt) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Same as Player mailing address

Birth or Trust Date \_\_\_\_\_ Phone Number \_\_\_\_\_

**Primary Beneficiary Name** (please print) \_\_\_\_\_  
Last First Middle Initial

Relationship to Player \_\_\_\_\_  %\* (Leave blank to share equally.)

Address (number, street, apt) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Same as Player mailing address

Birth or Trust Date \_\_\_\_\_ Phone Number \_\_\_\_\_

**\* Total must equal 100%.**

You can designate more than two Primary Beneficiaries at [mygoalline.com](http://mygoalline.com) or by contacting the NFL Player Benefits Office at 800.638.3186.

**Questions? Please contact the NFL Player Benefits Office at 800.638.3186.**



## Secondary Beneficiary Designation & How to Return

Player's Name (please print) \_\_\_\_\_  
Last First Middle Initial

### SECONDARY BENEFICIARY DESIGNATION

I hereby designate the following as Secondary Beneficiary(ies) if my Primary Beneficiary(ies) is not living at the time of my death:

Secondary Beneficiary Name (please print) \_\_\_\_\_  
Last First Middle Initial

Relationship to Player \_\_\_\_\_  %\* (Leave blank to share equally.)

Address (number, street, apt) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Same as Player mailing address

Birth or Trust Date \_\_\_\_\_ Phone Number \_\_\_\_\_

Secondary Beneficiary Name (please print) \_\_\_\_\_  
Last First Middle Initial

Relationship to Player \_\_\_\_\_  %\* (Leave blank to share equally.)

Address (number, street, apt) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Same as Player mailing address

Birth or Trust Date \_\_\_\_\_ Phone Number \_\_\_\_\_

**\* Total must equal 100%.**

You can designate more than two Secondary Beneficiaries at [mygoalline.com](http://mygoalline.com) or by contacting the NFL Player Benefits Office at 800.638.3186.

## Spousal Consent

Player's Name (please print) \_\_\_\_\_  
Last First Middle Initial

### **SPOUSAL CONSENT FOR BENEFICIARY DESIGNATION**

**Complete this section only if you are married and designating a Primary Beneficiary other than your spouse.**

I, (print Spouse's name) \_\_\_\_\_ swear that I am the spouse of (print Player's name) \_\_\_\_\_. I understand that I have a right to receive a death benefit under the applicable Plan(s) if the Player should predecease me before he commences his benefits or before his entire account balance(s) is distributed. I give up that right and consent to the primary and secondary beneficiary(ies) selected by the Player on the Beneficiary Designation Form. I understand that by signing below I will receive no benefits under the applicable benefit Plan(s) upon the Player's death. I understand that I do not have to sign this. I am signing below and giving my consent voluntarily. I understand that my decision is final and that I cannot change it after I sign below. I understand that I may not revoke this consent.

Signature of Spouse \_\_\_\_\_ Date Completed \_\_\_\_\_

**This section is to be completed and notarized by a notary public; it is only required for spousal consent.**

State of \_\_\_\_\_ County of \_\_\_\_\_ On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me came \_\_\_\_\_, known to me to be the person described herein and who executed the foregoing statement and he or she duly acknowledged to me that he or she executed the same.

Notary Public \_\_\_\_\_

### **HOW TO RETURN FORM**

**The completed Beneficiary Designation Form and other required documentation may be mailed to the address below, or faxed or e-mailed as follows:**

FAX: 410.783.0041

E-MAIL: BENEFICIARIES@NFLPB.ORG

NFL PLAYER BENEFITS OFFICE  
200 SAINT PAUL STREET, STE 2420  
BALTIMORE, MD 21202

Questions? Please contact the NFL Player Benefits Office at 800.638.3186.



## [More Information](#)

### **MORE ABOUT BENEFICIARY DESIGNATIONS**

**You may change your beneficiary designations at any time by completing a new Beneficiary Designation Form or, if you do not have a spouse, by updating your beneficiaries online at mygoalline.com.** New beneficiary designations take effect when a properly completed Beneficiary Designation Form (with a notarized Spousal Consent section, if required and not previously provided) is received by the NFL Player Benefits Office. New beneficiary designations properly made online take effect immediately unless you are married. If you are married, you must file your designation on paper with a proper spousal consent.

The NFL Player Benefits Office will use the most recent Beneficiary Designation Form it has on file at the time of your death to determine the beneficiary who is entitled to your account balance(s) in the Plan(s). The individual(s) named on the most recent Form received by the NFL Player Benefits Office will be your beneficiary(ies) unless one of the following exceptions applies:

- You are married at the time of your death, you named someone other than your surviving spouse as your beneficiary, and the NFL Player Benefits Office did not receive consent for such non-spousal designation from your surviving spouse.
- You had named your former spouse as beneficiary and you have since divorced. Your designation of your ex-spouse as your beneficiary is void unless a Qualified Domestic Relations Order (“QDRO”) requires otherwise.

Your account(s) will be paid to your estate if you (a) do not designate a beneficiary or your designation is invalid, and you do not have a surviving spouse, or (b) all of your beneficiaries died before you.

### **MORE ABOUT SPOUSAL CONSENT**

**If you are married, the law requires that you must obtain your spouse’s consent to choose a Primary Beneficiary other than your spouse.** Therefore, your designation of a non-spouse primary beneficiary will be invalid unless a notary public witnesses your spouse complete the Spousal Consent section, and such section is provided to the NFL Player Benefits Office prior to your death. Once your spouse properly completes the Spousal Consent section, he or she may not revoke his or her consent to your beneficiary designation.