

# Beneficiary Designation Form



FOR PLAYERS



**Did you know?** You can also designate your beneficiaries online at your Player benefits website. Visit [nflplayerbenefits.com](https://nflplayerbenefits.com) to get started.

## What it is

Beneficiaries are the people who will receive the remainder of your account after you die. You can name both primary and secondary beneficiaries.

Use this form to designate beneficiaries for your 401(k) Savings Plan, Capital Accumulation Plan, and Annuity Program. This form is not applicable to the Cash Balance Plan. If you would like to designate beneficiaries for your Cash Balance Plan account, contact the NFL Player Benefits Office or visit [nflplayerbenefits.com](https://nflplayerbenefits.com).

## Primary beneficiaries

A primary beneficiary is the person, people, or organization who will receive the balance of your account in the event of your death.

## Secondary beneficiaries

A secondary beneficiary is the person, people, or organization who will receive the balance of your account if your primary beneficiary is not alive at the time of your death.

## Designating beneficiaries

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, 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.

# Important information about Beneficiary Designation

**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 nflplayerbenefits.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.

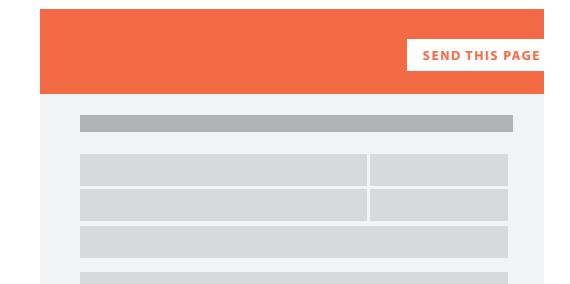
Your account(s) will be paid to your estate if (a) you do not designate a beneficiary or your designation is invalid, and you do not have a surviving spouse, or (b) all of your beneficiaries died before you.

## 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.

## What to submit

– Pages 3-6 of this packet (marked with the “Send This Page” label shown on the right)



## Ways to submit this form




MAIL	FAX	EMAIL
NFL PLAYER BENEFITS OFFICE 200 SAINT PAUL ST STE 2420 BALTIMORE MD 21202-2008	410.783.0041	beneficiaries@nflpb.org

# Complete and sign the form

Player information		
Player's name (first, middle, last)	Date of birth	Social Security Number
Address (number and street)		Apartment, suite, unit, etc.
City	State	Zip Code
Phone number	Email (optional)	Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No

## Plans

Select the Plans you would like these beneficiaries designated to from the list below. You must fill out a separate Beneficiary Designation Form to designate beneficiaries under any Plan not checked. This form is not applicable to the Cash Balance Plan. A separate beneficiary designation form must be submitted for the Cash Balance Plan.

-  **401(k) Savings Plan**
-  **Capital Accumulation Plan**
-  **Annuity Program**

## 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.

Player's signature

Date completed

## Primary Beneficiaries

You can designate as many primary beneficiaries as you want. The benefit will be divided equally amongst your primary (or secondary beneficiaries if applicable) unless you indicate otherwise. **All fields marked with an asterisk are required.**

Primary beneficiary 1		
Beneficiary's name (first, middle, last OR organization name)*		
Relationship to player*	Phone number*	Distribution percent**†
Birth or Trust date	Social Security OR Tax ID	
Address (number and street)	<input type="checkbox"/> Check box if same as Player's	Apartment, suite, unit, etc.
City	State	Zip Code

Primary beneficiary 2		
Beneficiary's name (first, middle, last OR organization name)*		
Relationship to player*	Phone number*	Distribution percent**†
Birth or Trust date	Social Security OR Tax ID	
Address (number and street)	<input type="checkbox"/> Check box if same as Player's	Apartment, suite, unit, etc.
City	State	Zip Code

Primary beneficiary 3		
Beneficiary's name (first, middle, last OR organization name)*		
Relationship to player*	Phone number*	Distribution percent**†
Birth or Trust date	Social Security OR Tax ID	
Address (number and street)	<input type="checkbox"/> Check box if same as Player's	Apartment, suite, unit, etc.
City	State	Zip Code

† Total distribution percentages amongst all primary beneficiaries must equal 100%.

# Complete and sign the form

**SEND THIS PAGE**

Only if you are designating any secondary beneficiaries.

## Secondary Beneficiaries

You can designate as many secondary beneficiaries as you want. The benefit will be divided equally amongst your primary (or secondary beneficiaries if applicable) unless you indicate otherwise. **All fields marked with an asterisk are required.**

Secondary beneficiary 1		
Beneficiary's name (first, middle, last OR organization name)*		
Relationship to player*	Phone number*	Distribution percent**†
Birth or Trust date	Social Security OR Tax ID	
Address (number and street)	<input type="checkbox"/> Check box if same as Player's	Apartment, suite, unit, etc.
City	State	Zip Code

Secondary beneficiary 2		
Beneficiary's name (first, middle, last OR organization name)*		
Relationship to player*	Phone number*	Distribution percent**†
Birth or Trust date	Social Security OR Tax ID	
Address (number and street)	<input type="checkbox"/> Check box if same as Player's	Apartment, suite, unit, etc.
City	State	Zip Code

Secondary beneficiary 3		
Beneficiary's name (first, middle, last OR organization name)*		
Relationship to player*	Phone number*	Distribution percent**†
Birth or Trust date	Social Security OR Tax ID	
Address (number and street)	<input type="checkbox"/> Check box if same as Player's	Apartment, suite, unit, etc.
City	State	Zip Code

† Total distribution percentages amongst all secondary beneficiaries must equal 100%.

# Complete and sign the form

**SEND THIS PAGE**

Only if you are married & designating a Primary Beneficiary other than your spouse.

## Spousal Consent For Beneficiary Designation

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

### Completed by 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.

Spouse's signature	Date completed
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### Completed by Notary Public

State of \_\_\_\_\_ County of \_\_\_\_\_ On the \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_, before me came \_\_\_\_\_ and who executed the foregoing statement and he or she duly acknowledged to me that he or she executed the same.

Notary Public
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