

**FRINGE BENEFIT ENROLLMENT FORM**  
**GUILD – CONSUMER REPORTS ADJUSTABLE RETIREMENT PLAN**  
 PRINT ALL INFORMATION

<i>Last Name</i>	<i>First Name</i>	<i>M.I.</i>	<i>Social Security Number</i>
<i>Home Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Date of Birth</i>	<i>Marital Status (Circle One)</i>	<i>Single</i> <i>Married</i> <i>Divorced</i> <i>Widowed</i>	<i>Date of Marriage</i>
<i>Home Phone #</i>	<i>Cell #</i>	<i>E-mail Address</i>	

**Beneficiary Designations**

I hereby designate the following beneficiary (ies) to receive any death benefits under the Guild – Consumer Reports Adjustable Retirement Plan. I understand I have the right to change my beneficiary(ies) at any time. I may designate more than one beneficiary – use additional sheet if extra space is required. This beneficiary designation supersedes any prior designation made by me.

<i>Primary</i>	<i>Contingent</i>
<i>Name (Last, First, MI)</i>	<i>Name (Last, First, MI)</i>
<i>Address</i>	<i>Address</i>
<i>City</i> <i>State</i> <i>Zip Code</i>	<i>City</i> <i>State</i> <i>Zip Code</i>
<i>SSN</i> <i>Relationship</i>	<i>SSN</i> <i>Relationship</i>
 <i>Signature of Employee</i>	 <i>Date</i>

**Spousal Consent**

If you are married and you wish to name someone other than your spouse as the beneficiary to your death benefits, your spouse must consent to your designation by signing below in the presence of a Notary Public. YOUR BENEFICIARY DESIGNATION WILL NOT BE VALID UNLESS YOUR SPOUSE’S SIGNATURE IS NOTARIZED.

As the lawful spouse of the herein-named participant, I hereby certify that I agree with the pension beneficiary designation(s) made above. I understand that by doing so, I waive any and all rights to my spouse’s death benefits and authorize the Administrator of the Guild – Consumer Reports Adjustable Retirement Plan to pay all death benefits to the above named beneficiary(ies).

**NOTARY**

State of \_\_\_\_\_ )  
 ) SS:  
 County of \_\_\_\_\_ )

\_\_\_\_\_  
*(Signature of Participant’s Spouse)*

Subscribed and Sworn to before me, this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
*(Notary Public)*