



*Please return this form to:*  
 GEBA Wealth Management  
 1362 Mellon Road, #100  
 Hanover, MD 21076  
 Or fax (443) 403-0321 or email [info@gebawealth.com](mailto:info@gebawealth.com)  
 Phone: (410) 657-8060 or (800) 826-1126

FOR GEBA Use Only  
 Date Received (mm/dd/yyyy)

**Member Number**

## Supplemental Retirement Plan Designation of Beneficiary Form

### General Information:

Applicant's Name (First, MI, Last)			Social Security No.	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address			Date of Birth (mm/dd/yyyy)	Home Email Address
City	State	ZIP	Home Phone No.	Work Phone No.

- Beneficiaries may be a person(s), estate, trust, or organization. If a trust is named, the legal documentation must be submitted with this form.
- If your primary beneficiary(ies) is(are) unable to accept the distribution, your contingent beneficiary(ies) will receive proceeds of the account.
- Please be sure that percentages listed in each beneficiary category add up to 100%. Use a separate sheet to list any additional beneficiaries. You must sign and date all attachments.

### Account Information:

Which plan do you want this designation of beneficiaries applied to? (Choose all that apply below.)

<b>Stable Value Account</b>
<input type="checkbox"/> IRA
<input type="checkbox"/> Group Annuity
<input type="checkbox"/> Roth IRA

*At GEBA, there are no membership fees required to be a member. After enrolling into at least one of GEBA's insurance or investment plans, you are considered a GEBA member. Continuing to pay your premium for at least one plan allows you to remain a GEBA member in good standing.*

*Now your extended adult family members have access to select GEBA products and financial planning services. For more information, visit [www.GEBA.com/family](http://www.GEBA.com/family)*

First Name, MI, Last Name	DOB	SSN	Relationship	Street Address	City, State & ZIP	% of Benefit
<b>TOTAL:</b>						<b>100%</b>

**Secondary Beneficiary:**

First Name, MI, Last Name	DOB	SSN	Relationship	Street Address	City, State & ZIP	% of Benefit
<b>TOTAL:</b>						<b>100%</b>

\*Attach a separate sheet of paper to designate additional beneficiaries. Attachments must be signed and dated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

