

**Johns Hopkins University  
Support Staff Pension Plan  
Designation/Change of Beneficiary**

<b>Participant's Name</b>	<b>Social Security Number</b>
<b>Participant's Address</b>	

**SECTION I – DESIGNATION/CHANGE OF BENEFICIARY**

**A. Single Participants**

I am single – In accordance with the provisions of the Plan, I hereby

Designate the following beneficiary(ies):

Change my beneficiary to the following person(s):

Beneficiary Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_ %

Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ %

Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

I understand that if I marry, my spouse will automatically become my beneficiary. If I then want to designate a beneficiary other than my spouse, my spouse must give written consent to that designation.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

**B. Married Participants**

The designation of a beneficiary other than your spouse may be made under the following circumstances: (1) once you become entitled to a retirement benefit under the Plan after termination of employment and in conjunction with the election of an optional form of benefit payment under the Plan and (2) after your Normal Retirement Date if you remain employed after that date.

I am married – In accordance with the provisions of the Plan, I hereby

Designate the following beneficiary(ies):

Change my beneficiary to the following person(s):

Beneficiary Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_ %

Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ %

Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

## Designation/Change of Beneficiary

NOTE: For a participant whose termination of employment occurred on or after August 23, 1984, the following shall apply: If the above named beneficiary is not the Participant's spouse, the Participant's spouse **MUST** sign SECTION II – Spousal Consent.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

Unless otherwise provided herein, if more than one beneficiary is named, payments shall be made in equal shares to the beneficiaries, who survive the Participant. If no beneficiary survives the Participant or if there is no name on file, payment shall be made in accordance with the provisions of the Plan. The right to further change the beneficiary is reserved to the Participant without consent of the beneficiary, unless the Participant is married, then written spousal consent must be obtained.

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**THIS DESIGNATION SUPERSEDES ANY OTHER THAT MAY HAVE BEEN PREVIOUSLY MADE**

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### SECTION II – SPOUSAL CONSENT

If the Participant's termination of employment occurred on or after August 23, 1984, and the Participant is married, this Spousal Consent Section **MUST** be completed. If the Participant is not married on his/her retirement date, Spousal Consent is not needed for changes made subsequent to the retirement date.

I consent to the specific beneficiary(ies) named on this Form. I understand that if I do not sign here, I will receive my spouse's death benefits, if any, if I am married to my spouse at the time of his or her death. I understand by signing here, I consent to the beneficiary(ies) named on this Form and the effect of this consent is to cause any benefits payable upon my spouse's death to be paid to that beneficiary(ies) instead of me.

Consent: I hereby consent to this \_\_\_\_\_ Beneficiary Designation  
\_\_\_\_\_ Change of Beneficiary

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ Spouse cannot be located

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

\_\_\_\_\_  
Date

MAIL COMPLETED FORM TO:

Prudential Financial Inc.  
30 Scranton Office Park  
Scranton, PA 18507