

Greenwich Hospitality 401(K) Retirement Plan

BENEFICIARY DESIGNATION FORM

This form allows you to designate the beneficiary(ies) who will receive your Plan assets in the event you die with balances remaining in your Plan account(s). This form does not become effective until it is filed with the Plan Administrator. This designation revokes any prior beneficiary designations for this Plan.

Part 1: Your Information

Name (Last)		Name (First)		Name (MI)	Social Security Number	
Address			City		State	ZIP
Date of Hire	Date of Birth	Marital Status	Date of Participation (optional)	Email Address (if available)		

Part 2: Beneficiary Designation

Name your beneficiary(ies) and the percent you would like to make payable to each. Percentages must total 100% in each beneficiary category (primary and secondary). If the percentages do not total 100%, any remaining portion will be divided equally among the surviving beneficiary(ies) in the relevant category. If no percentages are indicated, the beneficiaries will share equally. Generally, a beneficiary can be an individual, your estate, or a trust.

The following beneficiary(ies) is entitled to receive the assets of my Plan account(s) in the event of my death.

PRIMARY BENEFICIARIES, if living at death:

Name		Social Security Number		Relationship		Date of Birth
Address		City		State	ZIP	% of Assets (in whole numbers)
Name		Social Security Number		Relationship		Date of Birth
Address		City		State	ZIP	% of Assets (in whole numbers)

PRIMARY TOTAL – 100%

SECONDARY BENEFICIARIES, if no primary beneficiaries are living at my death:

Name		Social Security Number		Relationship		Date of Birth
Address		City		State	ZIP	% of Assets (in whole numbers)
Name		Social Security Number		Relationship		Date of Birth
Address		City		State	ZIP	% of Assets (in whole numbers)

SECONDARY TOTAL – 100%

Part 3: Spousal Consent

If you are married and have not named your spouse to receive 100% of your Plan assets, your spouse must indicate his or her consent by signing this form in the presence of a notary public or Plan representative.

If less than 100% of the Plan assets have been left to me as primary beneficiary, I consent to the beneficiary(ies) indicated in Part 2. In addition, recognizing that I have the right to limit my consent to a specific form of benefits (such as a lump-sum distribution or installment payments over a period of time), I relinquish that right to any form of benefits that may be elected under the Plan.

Spouse's Signature: _____ Date: _____

Plan Representative's Signature: _____ Date: _____

Or Notary Public's Signature: _____ Date: _____ Date Commission Expires: _____

Part 4: Participant's Authorization The Plan participant's signature is required.

Participant's Signature: _____ Date: _____