



# DPMA Beneficiary Designation Form

This Form is for use by Members of the Delta Pilots Mutual Aid Voluntary Employees' Benefit Plan ("Plan") to designate beneficiaries of the Plan's Survivor Benefit ("Benefit"). This Form is not effective with respect to the Member below unless it is received by Delta Pilots Mutual Aid, Inc. ("DPMA") prior to the Member's death.

Member (or "You"): \_\_\_\_\_ Employee Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Upon receipt of proof of death, the Benefit shall be payable to the living beneficiary(ies) designated below.

<b>Primary Beneficiary(ies)</b>	<b>Percentage</b> <small>Total must equal 100%</small>
Name: _____ DOB: _____ Address: _____ Telephone Number: _____ Relationship to You: _____	
Name: _____ DOB: _____ Address: _____ Telephone Number: _____ Relationship to You: _____	
Name: _____ DOB: _____ Address: _____ Telephone Number: _____ Relationship to You: _____	

<b>Contingent Beneficiary(ies)</b> <small>(These beneficiaries will receive the benefit only if NO Primary Beneficiary(ies) are living at time of benefit payment.)</small>	<b>Percentage</b> <small>Total must equal 100%</small>
Name: _____ DOB: _____ Address: _____ Telephone Number: _____ Relationship to You: _____	
Name: _____ DOB: _____ Address: _____ Telephone Number: _____ Relationship to You: _____	
Name: _____ DOB: _____ Address: _____ Telephone Number: _____ Relationship to You: _____	

**Note:** If the Benefit is not payable to any primary or contingent beneficiary, it will be payable pursuant to the terms of the Plan document as if you had made no beneficiary designation.

**(Signature on Back Page)**



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## General Provisions

- If You designate more than one beneficiary in either category (Primary or Contingent) then such beneficiaries shall share the Benefit pursuant to the percentage indicated. The total percentages for each category must equal 100%. If a beneficiary does not outlive You, any other beneficiaries in that same category who do outlive You will receive the deceased beneficiary's benefit in proportion to the percentages shown above for such beneficiaries. No contingent beneficiaries shall be eligible for any payments unless all primary beneficiaries are ineligible to receive benefits.
- DPMA's receipt of this signed and dated Form revokes any prior beneficiary designation form previously submitted for this Benefit.
- You may revoke any prior beneficiary designation form without naming any new beneficiary(ies) by submitting a new beneficiary designation form and entering "CANCEL PRIOR DESIGNATIONS" in the space provided for a primary beneficiary. If You revoke a beneficiary designation form but do not name one or more beneficiaries, then any Benefit will be payable to the party determined under the Plan as if You had not designated a beneficiary.
- Under the terms of the Plan, Your designation of Your spouse as beneficiary is automatically revoked upon dissolution of marriage. If You want Your former spouse to remain Your beneficiary after a divorce, You must complete and submit this Form again after the divorce is final.
- The Benefit is provided pursuant to the terms of the Plan document and Summary Plan Description. In the case of any ambiguity in this Form or conflict between this Form and the Plan or Summary Plan Description, the Plan will control or, if the Plan has no relevant provision, the Summary Plan Description, will control.

I, the undersigned Member below, have read and understand this Form. I understand that, if I have failed to complete this Form fully and correctly, this Form will not be effective and DPMA will follow the prior beneficiary designation (if any) or the Plan document provisions. I understand that I may contact DPMA with questions about this Form or Benefit before it is signed.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

### Community Property State Consent for residents of AZ, CA, ID, LA, NV, NM, TX, WA, or WI.

If you are married, live in a community property state, **and name someone other than your spouse as beneficiary**, you may have your spouse sign below to waive his or her rights to any community property interest in the benefit.

As the member's spouse, I do hereby consent to the beneficiary designation(s) indicated on this form and waive any rights that I may have to the proceeds of such benefit under applicable community property laws.

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

\_\_\_\_\_  
Date