

MIT BASIC RETIREMENT PLAN BENEFICIARY DESIGNATION

Employee Information Initial Beneficiary Designation Change in Beneficiary Designation

Name _____

Social Security # _____

Daytime Phone # _____

Date of Birth _____

 Single Married**Beneficiary Designation**

To designate more beneficiaries than space allows, attach and sign a separate piece of paper. When designating beneficiaries, use whole percentages. Be sure each group (primary and contingent) totals 100%. If you designate a trust beneficiary, include the trust's name, trustee's name and date trust was created.

Primary Beneficiary (ies): If you are married, your spouse must be your primary beneficiary (100%) unless Spouse's Consent is completed. Note: If you are under age 35 by next January, your spouse must be your primary beneficiary.

Name	Social Security #	Date of Birth	Relationship	Percentage
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Contingent Beneficiary (ies): If my primary beneficiary(ies) predecease(s) me, I hereby specify the value of my account to be distributed to my contingent beneficiary(ies). Primary beneficiary(ies) cannot be contingent beneficiary(ies).

Name	Social Security #	Date of Birth	Relationship	Percentage
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SIGNATURE

I designate the person(s) listed above as my beneficiary(ies) to receive the specified percentages of the benefits payable upon my death under the terms of the Plan. This designation revokes all of my previous applicable beneficiary designations under the MIT Basic Retirement Plan. This designation may be changed by me at any time by filing a new Beneficiary Designation Form, subject to my spouse's consent if required. This designation is effective upon receipt by the Benefits Office if it is in good order.

Participant's Signature_____
Today's Date**SPOUSAL CONSENT: Required if you are married and your spouse is not your primary beneficiary**

I certify that I am married to the Participant whose signature appears above. I understand that the Participant needs my consent to designate any person(s) other than me as a beneficiary of the benefits payable upon the Participant's death. I understand I cannot withdraw this consent, except by mutual agreement with the Participant. I hereby consent to the payment of death benefits to the above named beneficiary(ies).

Spouse's Signature_____
Today's Date

On this ____ day of _____, 200__ , _____ personally appeared before me, the notary public signing below, and provided me with _____, satisfactory evidence of identification and acknowledged that he/she voluntarily signed this spousal consent.

Notary Public

State of :

My Commission Expires: (seal)

Plan Representative

Return this form to:

Massachusetts Institute of Technology
Benefits Office E19-215
77 Massachusetts Avenue
Cambridge, MA 02139-4307

INSTRUCTIONS FOR BENEFICIARY DESIGNATION

Use this form to designate a beneficiary to receive benefits under the Basic Retirement Plan that become payable if you die before you begin receiving retirement benefits. If you are married, federal law requires that your spouse receive your benefits upon your death. If you want to designate a beneficiary other than your spouse, you must be at least age 35 by next January 1 AND you must obtain your spouse's written consent. Your spouse's written consent must be witnessed by a representative of the MIT Basic Retirement Plan or by a notary public.

Participant's Signature

Please be sure to sign and date the form.

Spouse's Consent

If you are married and your spouse is not the sole primary beneficiary of your benefits, this section must be completed. Your spouse's written consent must be witnessed by a representative of the MIT Basic Retirement Plan or by a notary public. If your marital status changes, you should consider completing a new Beneficiary Designation Form.

Effective Date

If your Beneficiary Designation Form is in good order, it will be effective upon receipt of this completed form at the Benefits Office.