

Designation of Beneficiary

Return the completed form to your employer. Do not return to TruStage.

1 DESIGNATION OPTION: PLEASE SELECT ONE.

- New Designation** Date Completed: _____ Age: _____
- Replacement Designation** Date Completed: _____ Age: _____

2 PARTICIPANT INFORMATION

Participant Name:	Social Security Number:	Date of Birth:	Hire/Rehire Date:
_____	_____	_____	_____

3 PLAN INFORMATION

Plan Name:	Plan Identifier:
_____	_____

Plan Type:

- 401(k) 403(b) Money Purchase Profit Sharing Other: _____

EXAMPLES OF A PARTICIPANT'S COMMON BENEFICIARY DESIGNATIONS

Example 1: I want everything to go directly to my spouse.

- Your spouse is automatically your beneficiary so you do not have to complete this form.
- If desired, complete the Contingent Beneficiary information under Section 4 by naming all beneficiaries who will receive the entire death benefit in the event your spouse predeceases you.

Example 2: I am married and want 75% to go to my children and 25% to go to my spouse.

- Complete the Primary Beneficiary under Section 4 with your spouse's name to receive 25% and children's names to receive 75%, dates of birth, relationship, social security numbers, and percent to receive.
- If desired, complete the Contingent Beneficiary information under Section 4 by naming all beneficiaries who will receive the entire death benefit in the event your spouse and your children predecease you.
- Your spouse is required to consent to this beneficiary designation because he/she is the beneficiary of less than 100% of the death benefit. If you do not obtain your spouse's consent, your spouse will receive the entire death benefit. A notary public or Plan representative must witness your spouse's consent under Section 6.

Example 3: I am married and want everything to go to my children.

- Complete the Primary Beneficiary under Section 4 with your children's names, dates of birth, relationship, social security numbers and percent to receive totaling 100%.
- If desired, complete the Contingent Beneficiary information under Section 4 by naming all beneficiaries who will receive the entire death benefit in the event all your children predecease you.
- Your spouse is required to consent to this beneficiary designation because the death benefit is being paid to someone other than your spouse. If you do not obtain your spouse's consent, your spouse will receive the entire death benefit. A notary public or Plan representative must witness your spouse's consent under Section 6.

Example 4: I am single and want everything to go to my parents (or other beneficiary).

- Complete the Primary Beneficiary under Sec. 4 with your parents' names, dates of birth, relationship, social security numbers and percent to receive totaling 100%.
- If desired, complete the Contingent Beneficiary information under Sec. 4 by naming all beneficiaries who will receive the entire death benefit in the event your parents predecease you.

THE SPOUSE OF A PARTICIPANT IN A SAME-SEX MARRIAGE WILL BE TREATED AS A "SPOUSE" FOR PURPOSES OF ANY BENEFICIARY DESIGNATION UNDER THIS PLAN.

GENERAL INFORMATION

The Plan will pay all sums payable under the Plan by reason of your death to your beneficiary(ies). Your death benefit will be affected by your marital status at the time of your death. To add, remove, or change beneficiaries for your death benefit in the future, you must complete a new Beneficiary Designation form. You can obtain this form from the Plan Administrator.

PART A. IF YOU ARE NOT MARRIED

Read this portion before completing Sections 4 and 5 of this form.

You may choose who receives all of your death benefit by designating a beneficiary under Section 4 of this form.

It is important that you understand your rights and obligations concerning the death benefit. You should direct any questions to the Plan Administrator. Also, inform your Plan Administrator immediately if there is any change in your marital status because this will affect the payment of any death benefit to your beneficiaries.

PART B – IF YOU ARE MARRIED

Read this portion before completing Sections 4, 5 and 6 of this form.

Your spouse is entitled to 100% of your account balance should you die before you begin receiving retirement benefits. This benefit will be paid in a lump sum or any other form permitted under the Plan.

You may choose to have all, or a portion of your death benefit paid to someone other than your spouse, provided you obtain your spouse's consent. This means that someone else who you name in the Primary Beneficiary Designation section of this form will receive part or all of the death benefit. In order to do this you must name the person or persons you want to receive this portion of the death benefit and indicate the percentage of the death benefit they will receive. If you name someone other than your spouse as Primary Beneficiary and your spouse does not consent, your beneficiary designation will not be valid.

Your spouse's consent must be in writing and witnessed by a notary public or a Plan representative.

Spousal consent is not required if any of the following exceptions apply. Written proof required.

- Your spouse cannot be located
- Your spouse is legally incompetent to give consent
- You and your spouse are legally separated and you have a court order attesting to that fact
- Your spouse has abandoned you and you have a court order attesting to that fact

It is important that you and your spouse understand your rights and obligations concerning your death benefit. You should direct any questions to the Plan Administrator. Also, inform your Plan Administrator immediately if there is any change in your marital status because this will affect the payment of any death benefit to your beneficiaries. If you are no longer married at the date of your death (for example, your spouse has predeceased you or you were divorced), any benefits payable on account of your death will be paid as if you were single (see Part A above). Unless you name a new beneficiary, the beneficiary designation in effect at the time of your death will govern who will receive any survivor benefits. If you are no longer married, review your beneficiary designation and change it as appropriate. The plan will automatically revoke any prior spousal designation upon divorce unless a Qualified Domestic Relations Order or divorce decree provides otherwise.

IMPORTANT: If you are married and designated all or a portion of your death benefit to be paid to a non-spouse beneficiary, you must obtain Spousal Consent in Section 6.

PRIMARY BENEFICIARY

I designate that any benefits payable under the Plan by reason of my death shall be paid to the following person or persons as Primary Beneficiary if he or she survives me. Include date of birth, social security number, relationship, email, and percent to receive (must total 100%):

Beneficiary Name:	Date of Birth:	Social Security Number:	Relationship:	Email:	<u>Must total 100%:</u> % to Receive
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CONTINGENT BENEFICIARY

I designate that any benefits payable under the Plan by reason of my death shall be paid to the following person or persons as Contingent Beneficiary if he or she survives me and if the above Primary Beneficiary(ies) does not survive me. Include date of birth, social security number, relationship, email, and percent to receive (must total 100%):

Beneficiary Name:	Date of Birth:	Social Security Number:	Relationship:	Email:	<u>Must total 100%:</u> % to Receive
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5 PARTICIPANT SIGNATURE

I reserve the right to revoke or change any beneficiary designation. I hereby revoke all prior primary and contingent beneficiary designations (if any).

All sums payable under the Plan by reason of my death will be paid to the Primary Beneficiary, if he or she survives me, and if no Primary Beneficiary survives me, then to the Contingent Beneficiary, and if no named beneficiary survives me, then all amounts will be paid in accordance with the Plan. A contingent beneficiary shall receive benefits only if there is no remaining primary beneficiary.

I understand that if I have named someone other than my spouse as beneficiary and have not received my spouse's consent to that designation, my spouse will receive the death benefit as described under General Information, Part B.

I understand that, unless I have provided otherwise above, all sums payable to more than one beneficiary will be paid equally to the living beneficiaries. If a named beneficiary predeceases me, the benefit shall be shared pro-rata among the remaining beneficiaries.

Participant Signature: Date:

6 SPOUSAL CONSENT AND SIGNATURE(S)

I, the undersigned spouse of the Participant named on the cover of this form, hereby certify that I have read the Beneficiary Designation and consent to the election made by the Participant. I fully understand that:

- My consent is voluntary.
- By consenting to this beneficiary designation, some or all of the death benefit will be paid to a beneficiary other than me.
- My consent to this beneficiary designation is irrevocable.
- My consent must be in writing and must be witnessed by either a notary public or a Plan representative.
- Each subsequent beneficiary designation is not valid unless I consent to it or I have given my spouse the right to change beneficiaries without obtaining my consent, in the space provided below:

I choose to allow my spouse to change beneficiaries in the future without obtaining my consent.

Spouse's Name: Social Security Number: Date of Birth:

Spousal Signature: Date:

Spousal Signature Witness: Plan Administrator or Notary Public

If witnessed by the Plan Administrator:

Plan Administrator Signature: Date (must be same as spousal signature, above):

If witnessed by a Notary:

Notary — Please complete:

State of _____, County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, _____, personally known to me or proved to me on the basis of satisfactory evidence to be the persons who appeared before me.

Notary Signature: Seal: