



Beneficiary Designation 401(k) Plan

I.B.E.W. Local 697 Defined Contribution Plan

330224-01

For My Information

Please read the attached QPSA Notice and complete the QPSA Waiver sections of this form, if applicable.

- For questions regarding this form, visit the website at empowermyretirement.com or contact Service Provider at 1-833-569-2433.
Use black or blue ink when completing this form.

A Participant Information

Account extension, if applicable, identifies funds transferred to a beneficiary due to participant's death, alternate payee due to divorce or a participant with multiple accounts.

Account Extension

Social Security Number (Must provide all 9 digits) [] [] [] - [] [] [] - [] [] [] [] []

Last Name First Name M.I. Date of Birth

(The name provided MUST match the name on file with Service Provider.)

Married Unmarried

B Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)

Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)

- If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation.
See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.

% of Account Balance Primary Beneficiary Name Social Security or Taxpayer Identification Number Date of Birth or Trust Date

Street Address City State Zip Code
Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)
Spouse Child Parent Grandchild Sibling My Estate A Trust Other
Domestic Partner

% of Account Balance Primary Beneficiary Name Social Security or Taxpayer Identification Number Date of Birth or Trust Date

Street Address City State Zip Code
Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)
Spouse Child Parent Grandchild Sibling My Estate A Trust Other
Domestic Partner

% of Account Balance Primary Beneficiary Name Social Security or Taxpayer Identification Number Date of Birth or Trust Date

Street Address City State Zip Code
Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)
Spouse Child Parent Grandchild Sibling My Estate A Trust Other
Domestic Partner

Contingent Beneficiary Designation (Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)

% of Account Balance Contingent Beneficiary Name Social Security or Taxpayer Identification Number Date of Birth or Trust Date

Street Address City State Zip Code
Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)
Spouse Child Parent Grandchild Sibling My Estate A Trust Other
Domestic Partner

Last Name

First Name

M.I.

Social Security Number

B Beneficiary Designation *(Attach an additional sheet to name additional beneficiaries.)*

Contingent Beneficiary Designation *(Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)*

| | | | |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------|
| % | | | / / |
| % of Account Balance | Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i> | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
| Street Address () | City | State | Zip Code |
| Phone Number <i>(Optional)</i> | Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i> | | |
| | <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner | | |
| % | | | / / |
| % of Account Balance | Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i> | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
| Street Address () | City | State | Zip Code |
| Phone Number <i>(Optional)</i> | Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i> | | |
| | <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner | | |

C Signatures and Consent *(Signatures must be on the lines provided.)*

Participant Consent for Beneficiary Designation *(Please sign on the 'Participant Signature' line below.)*

I have completed, understand and agree to all pages of this Beneficiary Designation form, and the attached Qualified Preretirement Survivor Annuity Notice and the QPSA Waiver sections of this form. Subject to the terms of the Plan, I am making the above beneficiary designations for my vested account in the event of my death. I acknowledge and agree that it is my responsibility to monitor the beneficiary designations in my account and to update the beneficiary designations as I deem necessary upon a change in marital status, death of a beneficiary or any other change that may impact my beneficiary designations.

If I have more than one primary beneficiary, the account will be divided as specified. If a primary beneficiary predeceases me, his or her benefit will be allocated to the surviving primary beneficiaries. Contingent beneficiaries will receive a benefit only if there is no surviving primary beneficiary, as specified. If a contingent beneficiary predeceases me, his or her benefit will be allocated to the surviving contingent beneficiaries. If I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan or applicable law. This designation is effective upon execution and delivery to Service Provider. If any information is missing, additional information may be required prior to recording my designation.

This designation supersedes all prior designations. Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally. **Primary and contingent beneficiaries must separately total 100%. The percentages can be divided up to two decimal points (Example: 33.33%).**

Important Notice: In accordance with ERISA and/or Plan Document, if I am married and I elect a primary beneficiary other than my spouse or in addition to my spouse, my spouse must consent by signing the Spousal Consent for Beneficiary Designation section of this form.

Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.

Participant Signature _____ **Date (Required)** _____

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Last Name _____

First Name _____

M.I. _____

Social Security Number _____

C Signatures and Consent *(Signatures must be on the lines provided.)*

Qualified Preretirement Survivor Annuity ("QPSA") Waiver - Participant Waiver of QPSA *(Please sign on the 'Participant Signature' line below.)*

This section applies if you are a married participant in this qualified retirement Plan. The law requires that certain amounts remaining in your Plan account be paid to your surviving spouse in a specific manner at your death. This manner of payment is called a Qualified Preretirement Survivor Annuity ("QPSA"), and will provide your spouse with a series of periodic payments over his or her lifetime. (For more information, refer to the Qualified Preretirement Survivor Annuity Notice included with this form.)

You may elect to waive the requirement that your surviving spouse be paid in the form of a QPSA. You may make this election beginning with the first day after you become a participant in the Plan. Any waiver election you sign before age 35 will become invalid the first day of the Plan year in which you attain age 35. At that time you must again make a QPSA election.

Your spouse must consent in writing to the waiver. You have the right to revoke any waiver that you have made at any time before your death.

If your vested account balance is \$7,000 or less at the time of your death, the Plan Administrator may make a distribution to your surviving spouse in a single sum cash payment even if you did not waive the QPSA.

As a married participant in this qualified retirement Plan, I acknowledge that I read and understand the Qualified Preretirement Survivor Annuity Notice provided to me. I understand that if I die before payment of my Plan benefits has begun, the QPSA portion of my Plan account will be paid to my surviving spouse in the form of a QPSA, unless I waive the payment of death benefits in such form, and my spouse consents in writing under the Spousal Consent to Waiver of QPSA section of this form.

I hereby elect to WAIVE the QPSA to my surviving spouse in the event of my death prior to the commencement of distribution of my Plan benefits. I understand my right to make this waiver election, the time period during which I may make this waiver election, and the financial effect of my election not to have my benefits paid in the form of a QPSA. I understand that I may revoke this election at any time during the election period described in the Plan and in the Qualified Preretirement Survivor Annuity Notice provided to me. I understand and agree that this waiver is valid only if my spouse has consented by reading and signing the statement below.

I have executed this waiver election this _____ day of _____, 20____.

Participant Signature _____ **Date (Required)** _____
A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Spousal Consent for Beneficiary Designation *(If applicable, please have the Spouse sign on the 'Spouse's Signature' line below.)*

Spouse to complete: I, *(name of spouse)* _____, the participant's current spouse, voluntarily consent to the Beneficiary(ies) designated on this form and acknowledge that all amounts payable under the Plan by reason of the participant's death will be payable pursuant to such designation. I understand the designation of anyone other than me as Primary Beneficiary of any benefits payable after the participant's death are ineffective unless I consent, and that by signing below, I give up my rights to benefits that I may otherwise have under law (QPSA). I understand that my spouse does not need my consent to any non-spouse beneficiary designation for the non-QPSA portion, if any, of the death benefit.

Spouse's Signature _____ **Date (Required)** _____
A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

*The spouse's signature must be notarized by a Notary Public or witnessed by the participant's Plan Administrator. If a Notary Public is used, the date of the spouse's signature on this form on the Spouse's signature line above must match the date of the Notary Public signature on the separate jurat or notarial certificate or in this section below. **Consent must be obtained no more than 180 days prior to the effective date of the original request in order to be effective. If your notary completes a separate jurat or notarial certificate, your spouse must still sign on the above spouse's signature line and enter the date on this form.***

ATTENTION Notary Public: Make sure that you have reviewed the notary requirements for your state. If your state requires a separate jurat or notarial certificate, please complete and attach to this request.

We require that the following information must be included on the separate jurat or notarial certificate: (1) name of document being notarized; (2) the plan name; (3) the plan number; and (4) participant's and spouse's names. Separate jurat or notarial certificates submitted that do not include this information will be rejected and will delay the withdrawal request. If your state does require a separate jurat or notarial certificate and you complete the section below, this statement of notary will be rejected and will delay the withdrawal request.

If your state does not require a separate jurat or notarial certificate, you may complete the notary section below.

Statement of Notary

NOTE: Notary seal must be visible.

The consent to this request was subscribed and sworn *(or affirmed)*

State of _____) to before me on this _____ day of _____, year _____, by _____)
)ss. *(name of spouse)* _____

SEAL

County/Parish/Borough _____)
of _____) proved to me on the basis of satisfactory evidence to be the person who appeared before me, who affirmed that such consent represents his/her free and voluntary act.

Notary Public's signature _____ My commission expires ____ / ____ / ____

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Notary Public's full name _____ Telephone number _____

Last Name _____

First Name _____

M.I. _____

Social Security Number _____

C Signatures and Consent *(Signatures must be on the lines provided.)***Qualified Preretirement Survivor Annuity ("QPSA") Waiver - Spousal Consent to Waiver of QPSA** *(If applicable, please have the Spouse sign on the 'Spouse's Signature' line below.)*

Spouse to complete: I, *(name of spouse)* _____, the participant's current spouse, acknowledge that I read and understand the Qualified Preretirement Survivor Annuity Notice provided to me. I understand that if my spouse dies before starting benefit payments from the Plan, I am entitled to receive a QPSA for the rest of my life unless I waive that form of payment by giving my written consent below.

Being fully satisfied with my spouse's election, I voluntarily consent to the waiver of the QPSA. I understand my right not to consent to this waiver election, the time period during which my spouse and I may make this waiver election and the financial effect of my election not to receive benefits as a QPSA. I understand that by consenting to my spouse's waiver that I will not receive any benefit in the event of my spouse's death unless I am a named beneficiary. I understand my consent is irrevocable (i.e., cannot be changed) unless my spouse revokes this waiver election.

I executed this election the _____ day of _____, 20____.

Spouse Signature _____ **Date (Required)** _____

ATTENTION Notary Public: Make sure that you have reviewed the notary requirements for your state. If your state requires a separate jurat or notarial certificate, please complete and attach to this request.

We require that the following information must be included on the separate jurat or notarial certificate: (1) name of document being notarized; (2) the plan name; (3) the plan number; and (4) participant's and spouse's names. Separate jurat or notarial certificates submitted that do not include this information will be rejected and will delay the withdrawal request. If your state does require a separate jurat or notarial certificate and you complete the section below, this statement of notary will be rejected and will delay the withdrawal request.

If your state does not require a separate jurat or notarial certificate, you may complete the notary section below.

My signature must be notarized by a Notary Public or witnessed by my spouse's Plan Administrator. The date I sign this form must match the date of the Notary Public signature in this section below.

Statement of Notary**NOTE: Notary seal must be visible.**The consent to this request was subscribed and sworn *(or affirmed)*

State of _____) to before me on this _____ day of _____, year _____, by _____

SEAL)ss. *(name of spouse)* _____

County/Parish/Borough _____ proved to me on the basis of satisfactory evidence to be the person who appeared before me, who affirmed that such consent represents his/her free and voluntary act.

Notary Public's signature _____ My commission expires ____ / ____ / ____

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Notary Public's full name _____ Telephone number _____

Plan Administrator Witnessing Spousal Consent *(Please sign on the 'Plan Administrator Signature' line below.)*

If Spousal Consent notarization is not obtained, I certify that the consent for Beneficiary Designation and/or QPSA Waiver was signed by the spouse of the participant in my presence. The date that I sign this form must match the date the participant's spouse has signed.

Plan Administrator Signature _____ **Date (Required)** _____

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Print Full Name _____

D Delivery Instructions

After all signatures have been obtained, this form can be

Uploaded Electronically:

Login to account at

empowermyretirement.com

Click on Upload Documents to submit

OR**Sent Regular Mail to:**

Empower

PO Box 56025

Boston, MA 02205-6025

OR**Sent Express Mail to:**

Empower

8515 E. Orchard Road

Greenwood Village, CO 80111

We will not accept hand delivered forms at Express Mail addresses.

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I.B.E.W. Local 697 Defined Contribution Plan (The "Plan")

QUALIFIED PRERETIREMENT SURVIVOR ANNUITY NOTICE

This notice explains to you and your spouse how your Plan benefits will be calculated and distributed if you die before payment of your benefits has begun, unless you and your spouse elect otherwise.

Qualified Preretirement Survivor Annuity ("QPSA") Notice to a Married Participant

As required by federal law and the terms of the Plan, the Plan will distribute a QPSA to your surviving spouse if you die before your benefit payments commence under the Plan, unless you waive this form of payment and your spouse consents to that waiver. The Plan will use at least 50% (or a higher percentage if so provided under the terms of the Plan) of your vested account balance to purchase a QPSA contract from an insurance company for your surviving spouse.

Under the QPSA, your surviving spouse will receive a lifetime level monthly payment. The actual level monthly payments made under the QPSA will depend on the annuity purchase rate used by the insurance company, your surviving spouse's age at the time the distribution begins, and the dollar amount of your vested account balance used to purchase the annuity contract. Your surviving spouse may elect to receive the portion of your vested account balance payable as a QPSA as a lump sum distribution, or in any other form allowed by the Plan. If, at the time of your death, your vested account balance is not greater than \$7,000, the Plan will make a lump sum distribution to your surviving spouse instead of providing the QPSA.

You may waive the QPSA at any time during the QPSA election period. This is the period beginning on the first day of the Plan year in which you reach age 35 and ending on the date of your death. If you waive the QPSA prior to the Plan year in which you attain age 35, you will need to make another waiver after the first day of the Plan year that includes your 35th birthday. Please note that the waiver election is valid only for the spouse consenting to the waiver, so you will need to complete a new waiver if you divorce and remarry. If you were unmarried at the time of your initial beneficiary designation, that initial designation will cease to be effective and you must submit a new Beneficiary Designation form and QPSA waiver.

In order to waive the QPSA or designate a beneficiary other than your spouse to receive the QPSA portion of your account balance, you must complete the waiver election section of the Beneficiary Designation Form, and your spouse must consent to the waiver by signing the spousal consent. A notary public must witness your spouse's signature. Your decision to accept or waive the QPSA will not affect your retirement benefit under the Plan. There is no reduction or increase in your retirement benefit as a result of your election to waive or not waive the QPSA.

The following options are available to you if you are married:

- If you designate your spouse as your sole beneficiary AND you want the QPSA death benefit paid to your spouse in the form of a lifetime annuity, you need only complete the Beneficiary Form (no spousal consent required).
- If you designate your spouse as your sole beneficiary BUT you want to waive the QPSA death benefit paid to your spouse in the form of a lifetime annuity, you must complete the Beneficiary Form (no spousal consent required), and you and your spouse must complete the QPSA Waiver.

Qualified Preretirement Survivor Annuity ("QPSA") Notice to a Married Participant's Spouse

What is a QPSA? Your spouse has an account balance in the Plan. The money in the account that your spouse will be entitled to receive at retirement is called the vested account balance. Federal law and the terms of the Plan state that you, as the spouse of the participant in the Plan, will receive a special death benefit that is paid from the vested account balance if your spouse dies before he or she begins receiving retirement benefits under the Plan. You have the right to receive this death benefit in the form of an annuity payable for your lifetime beginning after your spouse dies. This special death benefit is called a qualified preretirement survivor annuity or QPSA. If the value of this benefit is \$7,000 or less, the Plan will pay this benefit to you in a lump sum rather than as an annuity.

Can Your Spouse Choose Other Beneficiaries to Receive the QPSA Portion of this Account? Your right to the QPSA portion of your spouse's benefit is provided by federal law and cannot be taken away unless you agree to give up that benefit. If you agree, your spouse can choose to have all or part of the QPSA benefit paid to someone else. The person your spouse chooses to receive the QPSA benefit is called a beneficiary. For example, if you agree, your spouse can have the QPSA benefit paid to his or her children instead of you.

Do You Have to Give Up Your Right to the QPSA Benefit? No, your choice must be voluntary. It is your personal decision whether you want to give up your right to the special QPSA benefit.

Can Your Spouse Change the Beneficiary in the Future if You Sign this Form? If you sign this form, your spouse cannot change the beneficiary named in this form unless you agree to the new beneficiary by signing a new form. If you agree, your spouse can change the beneficiary at any time before your spouse begins receiving benefits from the Plan or dies. You do not have to agree to let your spouse change the beneficiary. However, your spouse can elect the QPSA for you without getting your agreement.

Can You Change Your Mind After You Sign this Form? No, you cannot change this agreement after signing this form. Your decision is final.

What Happens to this Agreement if you become Separated or Divorced? You may lose your right to the QPSA benefit if you and your spouse become legally separated or divorced, even if you do not sign this agreement. However, if you become legally separated or divorced, you might be able to get a special court order (called a qualified domestic relations order or QDRO) that specifically protects your rights to receive the QPSA benefit or that gives you other benefits under the Plan. If you are thinking about separating or getting a divorce, you should get legal advice on your rights to benefits from the Plan.

This page is for informational purposes only - Do not return with the Beneficiary Designation form
EXAMPLE BENEFICIARY DESIGNATIONS

Example 1: Multiple Individuals as Beneficiaries

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------|
| B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i> | | | |
| Primary Beneficiary Designation <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i> | | | |
| <ul style="list-style-type: none"> If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation. See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate. | | | |
| 33.33 % | John M. Doe | XXX-XX-XXXX | 01/06/1954 |
| % of Account Balance | Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i> | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
| 111 Elm Street | Anytown | MO | 60000 |
| Street Address | City | State | Zip Code |
| (XXX) XXX-XXXX | Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i> | | |
| Phone Number <i>(Optional)</i> | <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input checked="" type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner | | |
| 33.33 % | Don M. Doe | XXX-XX-XXXX | 01/06/1954 |
| % of Account Balance | Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i> | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
| 222 North Avenue | Anytown | CA | 90000 |
| Street Address | City | State | Zip Code |
| (XXX) XXX-XXXX | Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i> | | |
| Phone Number <i>(Optional)</i> | <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input checked="" type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner | | |
| 33.34 % | Michelle L. Doe | XXX-XX-XXXX | 01/06/1957 |
| % of Account Balance | Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i> | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
| 333 West Blvd | Anytown | CO | 80000 |
| Street Address | City | State | Zip Code |
| (XXX) XXX-XXXX | Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i> | | |
| Phone Number <i>(Optional)</i> | <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input checked="" type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner | | |

Example 2: Trust as Beneficiary

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------|
| B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i> | | | |
| Primary Beneficiary Designation <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i> | | | |
| <ul style="list-style-type: none"> If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation. See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate. | | | |
| 100 % | Trust of Jane Doe | XX-XXXXXXX | 06/30/2015 |
| % of Account Balance | Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i> | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
| 150 Main Street | Anytown | MO | 60000 |
| Street Address | City | State | Zip Code |
| (XXX) XXX-XXXX | Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i> | | |
| Phone Number <i>(Optional)</i> | <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input checked="" type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner | | |

**This page is for informational purposes only - Do not return with the Beneficiary Designation form
EXAMPLE BENEFICIARY DESIGNATIONS**

Example 3: Estate as Beneficiary

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------|
| B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i> | | | |
| Primary Beneficiary Designation <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i> | | | |
| <ul style="list-style-type: none"> • If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation. • See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate. | | | |
| 100 % | Estate of Anne Doe | / / | |
| % of Account Balance | Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i> | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
| 45 East Road | Anytown | MO | 60000 |
| Street Address | City | State | Zip Code |
| (XXX) XXX-XXXX | Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i> | | |
| Phone Number <i>(Optional)</i> | <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input checked="" type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner | | |

Example 4: Charity as Beneficiary

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------|
| B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i> | | | |
| Primary Beneficiary Designation <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i> | | | |
| <ul style="list-style-type: none"> • If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation. • See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate. | | | |
| 100 % | ABC Charity | XX-XXXXXXX | / / |
| % of Account Balance | Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i> | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
| 75 South Place | Anytown | CO | 80000 |
| Street Address | City | State | Zip Code |
| (XXX) XXX-XXXX | Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i> | | |
| Phone Number <i>(Optional)</i> | <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input checked="" type="checkbox"/> Other <input type="checkbox"/> Domestic Partner | | |