



INSTRUCTIONS TO DESIGNATE A BENEFICIARY

These forms are for married participants only and for plans that are not subject to the Joint and Survivor Annuity requirement.

1. You should name a beneficiary so that in the event of your death, your retirement benefit is paid to the person of your choice. If you do not name a beneficiary, the Plan document or the state government will decide to whom your benefit is paid.
2. If you want to designate your spouse as your sole primary beneficiary, complete the **Beneficiary Designation** form.
3. If you choose not to designate your spouse as your sole primary beneficiary, you and your spouse must read the attached **Explanation of Spousal Rights** and complete the **Special Beneficiary Designation For Married Participants When Beneficiary Is Other Than Spouse** form. Your spouse's signature must be notarized.
4. Submit the original form to your Employer and keep a copy for your files.
5. You may change your beneficiary designation at any time in accordance with the above instructions.

For more information regarding your Plan, contact your Employer or read your Plan's Summary Plan Description.

HOW TO USE THE BENEFICIARY DESIGNATION FORM

Designation of your beneficiary is personal and very important to you. We strongly encourage you to seek legal advice.

1. **Beneficiary Designation**: Your spouse will automatically be your beneficiary and should be named on the form. Your designation of your spouse as beneficiary will be automatically revoked if you become divorced. At that time you should complete a new designation; otherwise, death benefits will be paid in the manner specified by the Plan.

If you wish to name someone other than your spouse as your Primary Beneficiary, your spouse must give his or her permission. You must complete the Special Beneficiary Designation Form for Married Participants containing a “spousal approval” section, which must be signed by your spouse and notarized. If, in the future, you have a different spouse, your new spouse will need to give his or her permission in writing as explained above unless the new spouse is your sole Primary Beneficiary.

2. **Primary Beneficiary**: Primary Beneficiaries are persons who only need to survive you in order to receive benefits from the Plan. A Contingent Beneficiary must survive you and all Primary Beneficiaries in order to receive benefits. You may name more than one Primary or Contingent Beneficiary if you wish and you may designate different shares to go to the various Beneficiaries. If you are naming more than one Beneficiary, you should state the percentage of your benefit that is to go to each particular Beneficiary. The shares of all Primary Beneficiaries should total 100%. The shares of all Contingent Beneficiaries should also total 100%.

Examples:

(a) If you want your entire interest to go to one person if he or she survives you, you should name that person as sole Primary Beneficiary and state that he or she is to receive 100%. Spousal consent is necessary if you designate someone other than your spouse.

(b) If there are two persons who are to share equally in your death benefit, you should name them both as Primary Beneficiaries, each to receive 50%. Spousal consent is necessary.

(c) If there are two persons who are to receive benefits in the event of your death, and the share of one is to be a fixed dollar amount with the balance to go to the other, fill out one Primary Beneficiary line for the Beneficiary who is to receive the fixed dollar amount and insert that dollar amount in the space designated “%.” In the next Primary Beneficiary line, give the name of the Beneficiary who is to receive the balance, write “Balance of Benefit after provision for _____” (giving the name of the other Primary Beneficiary). Spousal consent is necessary.

3. **Surviving Beneficiaries:** If you name two Primary Beneficiaries and only one survives you and becomes entitled to benefits, that one will receive everything. If you name three Primary Beneficiaries, each to receive one-third of your interest and only two survive you and become entitled to benefits, those two will each receive one-half of your interest. The form works the same way for Contingent Beneficiaries.

4. **Contingent Beneficiaries:** Contingent Beneficiaries should be named to receive your interest in case all of your Primary Beneficiaries die before becoming entitled to benefits. The shares of all Contingent Beneficiaries should total 100%.

Examples:

(a) If you have a spouse and two children and you want your spouse to receive everything if he or she survives you, but if not, your children are to receive equal shares, you should name your spouse as Primary Beneficiary to receive 100% and each child as Contingent Beneficiary to receive 50%. If later you have more children, you should amend your Beneficiary Form if you wish such children to receive a share. Spousal consent would not be required since your spouse is your sole Primary Beneficiary in this example.

(b) If you have two daughters and one son, and you want your daughters to receive everything in equal shares if either or both of them survive you, and your son to receive everything if neither daughter survives you, you should name your two daughters each as Primary Beneficiaries to receive 50% and your son as Contingent Beneficiary to receive 100%. Spousal consent will be necessary.

5. **Children as Beneficiaries:** If you want all present and any future children living at your death to receive equal shares, fill out the Primary Beneficiary or Contingent Beneficiary section, as the case may be, as follows: "All my children in equal shares." Spousal consent will be necessary if your children are named Primary Beneficiary.

The form provides that benefits go to **surviving** beneficiaries. If you want benefits to go to the descendants of a deceased child (for example, his or her children), you must write the following: "All my children in equal shares, and if any of my children should not survive me, such deceased child's share shall be paid to his or her descendants."

6. **Trust as Beneficiary:** If you wish to designate a trust as a beneficiary, see your legal counsel.

7. **Designating Beneficiaries:** Use each Beneficiary's actual name, **e.g.**, "Helen Jones," not "Mrs. Henry A. Jones."

Again, we encourage you to seek legal advice in completing the Beneficiary Designation Form.

EXPLANATION OF SPOUSAL RIGHTS

If you should die prior to the time you begin receiving your retirement benefits under the plan, federal law states that your spouse is entitled to receive a death benefit consisting of the vested portion of your plan account, unless you elect otherwise with your spouse's consent.

Example

Pat Doe dies at age 45 and Pat's vested account in the plan was \$10,000 at the time of Pat's death. The plan will pay the \$10,000 to Pat's spouse, Robin Doe (adjusted for gains and losses after Pat's death).

By law, your spouse's right to this death benefit cannot be taken away unless you and your spouse agree to have all or part of the vested account paid to someone else. This election will not be valid, however, without your spouse's written notarized consent. Once given, your spouse's consent may not be revoked unless you later elect a different beneficiary.

Your spouse may lose his or her right to this death benefit if you become legally separated or divorced. However, if you become legally separated or divorced, your spouse might be able to get a special court order (which is called a qualified domestic relations order or "QDRO") that specifically protects your spouse's rights to receive the death benefit under this plan. If you are thinking about separating or getting a divorce, you and your spouse should get legal advice on your rights to benefits from the plan. If you later remarry (following a divorce or the death of your spouse), any existing beneficiary election will become invalid and your new spouse will be your beneficiary unless you make a new election consented to by your new spouse.

You may not change your primary beneficiary designation without obtaining your spouse's consent by completing a new **Special Beneficiary Designation For Married Participants When Beneficiary Is Other Than Spouse** form. You may revoke the beneficiary election at any time without your spouse's consent and your spouse will be your sole primary beneficiary.

BENEFICIARY DESIGNATION

Name: _____ Soc. Sec. No: _____

Plan(s): _____

Naming a beneficiary is personal and very important to you. You are advised to seek legal advice in completing this form.

CERTIFICATION OF MARITAL STATUS

- () I certify that **I AM NOT MARRIED** at this time. I understand that if I later marry and my spouse outlives me, this Beneficiary Designation will be revoked and my spouse will be the beneficiary of my death benefits under the Plan.
- () I certify that **I AM MARRIED** and am designating my spouse as my sole primary beneficiary. I understand that if I become divorced from my spouse, this Beneficiary Designation will be revoked and if I do not complete a new Beneficiary Designation, the death benefits will be paid in order of priority to (1) my new spouse, (2) the trustees of my revocable living trust, (3) my surviving children (including adopted children) in equal shares, or, (4) my estate.

DESIGNATION OF BENEFICIARY

I designate the person or persons named below as my primary beneficiary or beneficiaries (and contingent beneficiary or beneficiaries) to receive any death benefit under the above Plan, and I direct that such amount be divided among such persons in accordance with the percentage(s) shown below.

| <u>Name, Social Security No. & Date of Birth</u> | <u>Address</u> | <u>Relationship</u> | <u>%</u> |
|--|----------------|---------------------|-----------------|
| My primary beneficiary or beneficiaries shall be: | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| | | | Must Total 100% |
| My contingent beneficiary or beneficiaries shall be: | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| | | | Must Total 100% |

Unless another method of payment is specified on this form or attached to this form, the following shall apply: If no percentages are indicated, the death benefit shall be divided equally among the primary beneficiaries who are surviving on the date of my death. If percentages are indicated, and if any of the primary beneficiaries shall die before me, his or her share of the death benefit (which would have been due had such beneficiary survived me) shall be divided among the surviving primary beneficiaries in proportion to the respective percentages shown for the surviving primary beneficiaries. If none of the primary beneficiaries survive me, then the death benefit shall be divided among the surviving contingent beneficiaries equally or, if percentages are indicated, in proportion to the respective percentages shown for the surviving contingent beneficiaries.

Any previous designation of beneficiary made by me is revoked, and the right to revoke this designation at any time is expressly reserved by me. I understand that if I am married, I do not need my spouse's approval to revoke this beneficiary designation; however, any new designation not naming my spouse as the sole primary beneficiary requires my spouse's consent.

Date: _____ Employee's Signature: _____

**SPECIAL BENEFICIARY DESIGNATION FOR MARRIED PARTICIPANTS
WHEN BENEFICIARY IS OTHER THAN SPOUSE**

Name: _____ Soc. Sec. No: _____ Birthdate: _____

Plan: _____

Naming a beneficiary is personal and very important to you. You are advised to seek legal advice in completing this form.

I have read and understand the written Explanation of Spousal Rights supplied to me. After having done so, I am designating a person other than my spouse as primary beneficiary of any death benefits under this Plan. I understand that, to be effective, my spouse's notarized approval is required. I designate the person or persons named below as my primary beneficiary or beneficiaries (and contingent beneficiary or beneficiaries) to receive any death benefit under the above Plan, and I direct that such amount be divided among such persons in accordance with the percentage(s) shown below.

| <u>Name & Social Security No.</u> | <u>Address</u> | <u>Relationship</u> | <u>%</u> |
|--|----------------|---------------------|-------------------|
| My primary beneficiary or beneficiaries shall be: | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| | | | (Must Total 100%) |
| My contingent beneficiary or beneficiaries shall be: | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| | | | (Must Total 100%) |

Unless another method of payment is specified on this form or attached to this form, the following shall apply: If no percentages are indicated, the death benefit shall be divided equally among the primary beneficiaries who are surviving on the date of my death. If percentages are indicated, and if any of the primary beneficiaries shall die before me, his or her share of the death benefit (which would have been due had such beneficiary survived me) shall be divided among the surviving primary beneficiaries in proportion to the respective percentages shown for the surviving primary beneficiaries. If none of the primary beneficiaries survive me, then the death benefit shall be divided among the surviving contingent beneficiaries equally or, if percentages are indicated, in proportion to the respective percentages shown for the surviving contingent beneficiaries.

Any previous designation of beneficiary made by me is revoked, and the right to revoke this designation at any time is expressly reserved by me. I do not need my spouse's approval to revoke this beneficiary designation; however, any new designation not naming my spouse as the sole primary beneficiary requires my spouse's consent. I understand that if I remarry, then this beneficiary designation will be revoked and my new spouse will become the new sole primary beneficiary.

Date: _____ Employee's Signature: _____

SPOUSAL APPROVAL

I certify that I have read and understand the written Explanation of Spousal Rights supplied to my spouse. I understand that I have the right to all of my spouse's vested account if my spouse dies before he or she begins receiving retirement benefits. I agree to give up my right to this death benefit and consent to the above beneficiary designation. I understand that by signing this agreement, I may receive nothing from the plan after my spouse dies. I understand that I do not have to sign this agreement. I am signing this agreement voluntarily to consent to the above beneficiary designation made by my spouse. I understand that this consent cannot be revoked by me and that my spouse cannot change the name of any beneficiary in the future unless I agree to the change.

Date: _____ Spouse's Signature: _____

STATE OF _____
COUNTY OF _____

On _____ before me, _____,
(insert name and title of the officer)

personally appeared _____,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY that the foregoing paragraph is true and correct.
WITNESS my hand and official seal.

Signature: _____

[This area for official notarial seal; put seal on both copies.]