

**Participant Enrollment  
Governmental 457(b) Plan**

**City of Berkeley Deferred Compensation Plan**

**743225-01**

**Participant Information**

Last Name	First Name	MI	Social Security Number		
<i>(The name provided MUST match the name on file with Service Provider.)</i>					
Mailing Address			E-Mail Address		
City	State	Zip Code	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Female <input type="checkbox"/> Male		
(   )	(   )		Mo   Day   Year	Mo   Day   Year	
Home Phone	Work Phone		Date of Birth	Date of Hire	

Check box if you prefer to receive quarterly account statements in Spanish.

Do you have a retirement savings account with a previous employer or an IRA?    Yes    No

Would you like help consolidating your other retirement accounts into your account with Empower Retirement? \*    Yes, I would like a representative to call me at phone # \_\_\_\_\_ to review my options and assist me with the process. The best time to call is \_\_\_\_\_ to \_\_\_\_\_ A.M./P.M. (circle one - available 8 a.m. to 10 p.m. Eastern time). \*Rollovers are subject to your Plan's provisions.

**Payroll Information**

I elect to contribute \$ \_\_\_\_\_ (up to \$19,500.00) per pay period of my compensation as Before Tax contributions to the Governmental 457(b) Plan until such time as I revoke or amend my election.

Payroll Effective Date: \_\_\_\_\_  
Mo   Day   Year

Location Name	Location Number
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**Investment Option Information (applies to all contributions) - Please refer to your communication materials for information regarding each investment option.**

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

INVESTMENT OPTION			INVESTMENT OPTION		
NAME	TICKER CODE	%	NAME	TICKER CODE	%
AB International Value A.....	N/A	S5856A	Fidelity Advisor(R) Growth Opps M.....	N/A	S2159A
American Century International Gr Inv.....	N/A	S3680A	Fidelity Advisor(R) Growth & Income M.....	N/A	S2308A
American Funds Capital World Gr&Inc R3.....	N/A	S0666A	Hartford Capital Appreciation HLS IA.....	N/A	S1975A
Hartford International Opp HLS IA.....	N/A	S2051A	Hartford Stock HLS IA.....	N/A	S1845A
Janus Henderson Global Research T.....	N/A	S2218A	Invesco Diversified Dividend Investor.....	N/A	S5421A
Putnam Emerging Markets Equity A.....	N/A	S3332A	Invesco American Franchise A.....	N/A	S2247A
Janus Henderson Overseas S.....	N/A	S2951A	Janus Henderson Forty T.....	N/A	S3697A
Invesco Real Estate A.....	N/A	S4834A	Janus Henderson Research T.....	N/A	S3010A
Invesco Technology Investor.....	N/A	S3466A	MFS Core Equity A.....	N/A	S6105A
MFS Utilities A.....	N/A	S3544A	MFS Massachusetts Inv Gr Stk A.....	N/A	S3518A
Hartford Small Company HLS IA.....	N/A	S1942A	Putnam Sustainable Leaders A.....	N/A	S4422A
AMG GW&K Small Cap Value N.....	N/A	S2275A	T. Rowe Price Growth Stock Adv.....	N/A	S5601A
State St Russell Sm Cap(R) Indx SL Cl I.....	N/A	S5538A	BlackRock S&P 500 Index V.I. I.....	N/A	S3198A

Last Name

First Name

M.I.

Social Security Number

## INVESTMENT OPTION

NAME	TICKER CODE	%
Franklin Small-Mid Cap Growth A.....	N/A S2478A	_____
Goldman Sachs Mid Cap Value A.....	N/A S4304A	_____
Hartford MidCap HLS IA.....	N/A S2377A	_____
Janus Henderson Enterprise T.....	N/A S3015A	_____
American Century Equity Income Inv.....	N/A S3604A	_____
American Century Disceplnd Cor Val Inv.....	N/A S2333A	_____
American Century Ultra(R) Inv.....	N/A S2110A	_____
American Century Value Inv.....	N/A S2355A	_____
American Funds Growth Fund of Amer R3.....	N/A S3645A	_____
Davis NY Venture A.....	N/A S4148A	_____
DWS Core Equity S.....	N/A S2294A	_____
BNY Mellon Sust US Equity A.....	N/A S3436A	_____

## INVESTMENT OPTION

NAME	TICKER CODE	%
Hartford Dividend and Growth HLS IA.....	N/A S1780A	_____
Fidelity Advisor(R) Balanced M.....	N/A S2183A	_____
Invesco Equity and Income A.....	N/A S4009A	_____
Janus Henderson Balanced T.....	N/A S2447A	_____
Hartford Balanced HLS IA.....	N/A S2017A	_____
Calvert VP SRI Balanced I.....	N/A S2088A	_____
BNY Mellon Core Plus Fund A.....	N/A S3256A	_____
Hartford Total Return Bond HLS IA.....	N/A S1727A	_____
Hartford Ultrashort Bond HLS IA.....	N/A S1888A	_____
Loomis Sayles Bond Admin.....	N/A S5586A	_____
Putnam High Yield A.....	N/A S2422A	_____
General Account.....	N/A TGBJA4	_____

MUST INDICATE WHOLE PERCENTAGES

= 100%

## Participation Agreement

**Withdrawal Restrictions** - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on transfers and/or distributions. I understand that I must contact the Plan Administrator/Trustee to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

**Investment Options** - I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have investment options established under the Plan as specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing.

**Compliance With Plan Document and/or the Code** - I agree that my employer or Plan Administrator/Trustee may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

**Incomplete Forms** - I understand that in the event my Participant Enrollment form is incomplete or is not received by Service Provider at the address below prior to the receipt of any deposits, I specifically consent to Service Provider retaining all monies received and allocating them to the default investment option selected by the Plan. If no default investment option is selected, funds will be returned to the payor as required by law. Once an account has been established on my behalf, I understand that I must call the Voice Response System or access the Web site in order to transfer monies from the default investment option. Also, I understand all contributions received after an account is established on my behalf will be applied to the investment options I have most recently selected.

**Account Corrections** - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

**Signature(s) and Consent****Participant Consent**

I have completed, understand and agree to all pages of this Participant Enrollment form. I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at:

<http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

**Participant Signature****Date**

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

**Registered Representative Signature****Last four digits of your Tax ID/SSN****Printed Representative Name (First, Middle, Last)****Date****Representative Email Address****Selling Firm Name****Telephone Number**

**I am signing this as part of a Registered Representative team. The other Registered Representatives are as follows:**

**If you do not check the box stating that you are part of a Registered Representative team, you will be the sole Registered Representative on the participant's account.**

Empower Retirement  
PO Box 173764  
Denver, CO 80217-3764

**Express Address:**

8515 E. Orchard Road, Greenwood Village, CO 80111

**Phone #:** 1-866-816-4400

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

**Securities, when presented, are offered and/or distributed by GWFS Equities, Inc., Member FINRA/SIPC.** GWFS is an affiliate of Empower Retirement, LLC; Great-West Funds, Inc.; and registered investment adviser, Advised Assets Group, LLC. This material is for informational purposes only and is not intended to provide investment, legal or tax recommendations or advice.

Effective December 31, 2020, Empower Retirement (Empower) acquired the Massachusetts Mutual Life Insurance Company's (MassMutual) retirement business, which includes group insurance retirement business issued by Talcott Resolution Insurance Company (Talcott) previously purchased by MassMutual. Empower administers the business on MassMutual's behalf, with certain administrative services being performed by MassMutual and its affiliates during a temporary transition period. MML Distributors, LLC is the principal underwriter for the Talcott group insurance contracts. Empower Retirement is not affiliated with MassMutual, Talcott, or any of their respective affiliates.

**Beneficiary Designation  
Governmental 457(b) Plan**

**City of Berkeley Deferred Compensation Plan**

**743225-01**

**For My Information**

- For questions regarding this form, visit the website at [empowermyretirement.com](http://empowermyretirement.com) or contact Service Provider at 1-866-816-4400.
- 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

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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.)

( ) / ( )

Daytime Phone Number

Email Address

( )

Married  Unmarried

Alternate Phone Number

**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 <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 (Optional)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
	<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	Primary 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 (Optional)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
	<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	Primary 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 (Optional)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
	<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		

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		
%		/	/
% 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. 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%).**

I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC website at: <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

Important Notice: 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.)***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 current spouse of the participant, hereby voluntarily consent to the participant's primary beneficiary designation above and understand its effect. I understand that my spouse's beneficiary designation means that I will not receive 100% of his or her vested account balance under the Plan and that my spouse's election is not valid unless I consent to it. I understand that my consent is irrevocable unless my spouse changes the beneficiary designation, or designates me to receive 100% of his or her vested account balance.

**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. The date of the spouse's signature on this form in the 'My Spouse's Consent' section must match the date of the Notary Public signature in this section below.*

**Notary to complete:**

**For Residents of all states (except California),** please complete the section below.

**Notice to California Notaries using the California Affidavit and Jurat Form** the following items must be completed by Notary on the state notary form: the title of the form, the plan name, the plan number, the document date, the participant's name and spouse's name. Notary forms not containing this information will be rejected and it will delay this request.

**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 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 \_\_\_\_\_ 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.**

**Authorized Plan Administrator Signature** *(Please sign on the 'Authorized Plan Administrator Signature' line below.)*

I accept the information provided by the participant on this form.

**Authorized 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

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

**OR Sent Regular Mail to:**

Empower Retirement  
PO Box 173764  
Denver, CO 80217-3764

**OR Sent Express Mail to:**

Empower Retirement  
8515 E. Orchard Road  
Greenwood Village, CO 80111

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Effective December 31, 2020, Empower Retirement (Empower) acquired the Massachusetts Mutual Life Insurance Company's (MassMutual) retirement business, which includes group insurance retirement business issued by Talcott Resolution Insurance Company (Talcott) previously purchased by MassMutual. Empower administers the business on MassMutual's behalf, with certain administrative services being performed by MassMutual and its affiliates during a temporary transition period. MML Distributors, LLC is the principal underwriter for the Talcott group insurance contracts. Empower Retirement is not affiliated with MassMutual, Talcott, or any of their respective affiliates.

**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>B Beneficiary Designation</b> <i>(Attach an additional sheet to name additional beneficiaries.)</i>			
<b>Primary Beneficiary Designation</b> <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>			
<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>			
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>B Beneficiary Designation</b> <i>(Attach an additional sheet to name additional beneficiaries.)</i>			
<b>Primary Beneficiary Designation</b> <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>			
<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>			
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**

<b>B Beneficiary Designation</b> <i>(Attach an additional sheet to name additional beneficiaries.)</i>			
<b>Primary Beneficiary Designation</b> <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>			
<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>			
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>B Beneficiary Designation</b> <i>(Attach an additional sheet to name additional beneficiaries.)</i>			
<b>Primary Beneficiary Designation</b> <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>			
<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>			
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		