

Beneficiary Designation Instructions

You must complete a new Beneficiary Designation Form if your marital status changes.

Instructions

1. Complete the attached Beneficiary Designation Form
2. Type or print in ink. If a mistake is made, do not erase or correct – use a new form
3. Use full given name when designating a married woman as beneficiary; i.e., “Jane E. Doe” – not “Mrs. John Q. Doe”
4. If any of the information changes, you should update your Beneficiary Designation
5. After you complete this form, make a copy for your records, then forward the original to:

**Retirement & Benefit Plan Services
1400 American Blvd.
Mail-Stop NJ2-140-03-50
Pennington, NJ 08534**

Important Beneficiary Information

Married Participants: Under current federal law, your spouse will be entitled to receive, upon your death, any benefits payable from the Plan. You may designate a beneficiary other than your spouse, but your spouse must consent to such designation. If you do choose to designate a beneficiary other than your spouse, please mail the original consented forms to the Merrill Lynch address above. We must receive the original signed copy.

Single Participants: If you are single at the time you designate a beneficiary and you subsequently marry, the Designation of Beneficiary you made when you were single will become null and void on the date of your marriage. Upon your death, your spouse will be entitled to receive all payable plan benefits unless you have completed a new Beneficiary Designation Form naming a beneficiary other than your spouse and your spouse has consented to such designation.

Examples of Beneficiary Designations :

Type of Beneficiary	Standard Wording
ONE BENEFICIARY	DOE, ANNA L.
TWO BENEFICIARIES	DOE, JOHN A. AND DOE, MARY I.
TRUST WITH INDIVIDUAL TRUSTEES	RICHARD DOE AND JOHN SMITH, TRUSTEES, OR A SUCCESSOR IN TRUST UNDER (TRUST NAME) ESTABLISHED (DATE OF TRUST AGREEMENT).
TRUST WITH CORPORATE TRUSTEES	ABC BANK & TRUST COMPANY, DES MOINES, IOWA. TRUSTEE OR SUCCESSOR IN TRUST UNDER (TRUST NAME) ESTABLISHED (DATE OF TRUST AGREEMENT).
INSURED'S ESTATE	MY ESTATE

Spousal Consent and Witness

- ♦ If you are married and have named someone other than (or in addition to) your spouse as primary beneficiary, your spouse **must** sign the spousal consent acknowledgment in Section 4 for your beneficiary designation to be valid.
- ♦ Your spouse's signature **must** be witnessed by a Notary Public or a Plan Representative.
- ♦ If you are divorced or divorced and remarried, you should update your beneficiary designation in accordance with your divorce decree.
- ♦ You are considered married if you are separated or if your divorce is pending, but a final divorce decree has not been granted.

Please read the following important information carefully before completing this form.

- ◆ You must sign Section 6 in order to authorize the Designations on this form.
- ◆ If you are not married, complete the certification in Section 5.
- ◆ If you complete a Beneficiary Designation Form while you are single and later marry, your original designations will no longer apply and your spouse will be entitled to your plan benefit unless you complete a new Beneficiary Designation Form.
- ◆ Your contingent beneficiary(ies) will be entitled to your benefit only if all of your primary beneficiaries are no longer living when you die.
- ◆ In the event of your death, your spouse will receive your plan benefit in accordance with applicable law unless you name another primary beneficiary and your spouse completes Section 4. If you fail to designate a beneficiary, the Plan Sponsor will identify your beneficiary in accordance with the applicable law. ben-
ac-
- ◆ Please make a copy of the completed form for your records and return the original to:
Retirement & Benefit Plan Services, 1400 American Blvd. Mail-Stop NJ2-140-03-50; Pennington, NJ 08534.

1. Participant Identification

Please Print

Name: _____
Last First Middle Initial

Home Address: _____

City State Zip

Social Security Number Date of Birth MM-DD-YYYY Home Phone Number

Married ☐
Not Married ☐

2. Primary Beneficiary Designation(s) (You may list additional primary beneficiaries on a separate attachment.)

This designation revokes any previous designation I may have made. Upon my death, I designate that the following beneficiaries receive my vested account balance in the above named plan. My balance will be paid according to Plan rules. If I am married at the time of my death, my spouse will be considered my 100% beneficiary (regardless of any other designation I make) unless my spouse completes Section 4 and consents to another beneficiary designated by me. If more than one beneficiary is listed, the % of benefit must be completed, and must total 100%.

Name _____
Last First Middle Initial

Home Address _____
Street City State Zip

Social Security Number/Tax ID Number Date of Birth MM-DD-YYYY Relationship _____ % of Benefit

Name _____
Last First Middle Initial

Home Address _____
Street City State Zip

Social Security Number/Tax ID Number Date of Birth MM-DD-YYYY Relationship _____ % of Benefit

Name _____
Last First Middle Initial

Home Address _____
Street City State Zip

Social Security Number/Tax ID Number Date of Birth MM-DD-YYYY Relationship _____ % of Benefit

**Total must
equal 100%**

Total % of
Benefit

ATTACH A SEPARATE LIST IF YOU HAVE ADDITIONAL PRIMARY/CONTINGENT BENEFICIARIES

Continued

3. Contingent Beneficiary Designation(s) *(This designation applies only if none of my primary beneficiaries are alive at the time of my death.)*

Name _____			
Last	First	Middle Initial	
Home Address _____			
Street	City	State	Zip
<div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>	Relationship _____	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 50px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 50px; height: 20px; margin: 2px;"></div>
Social Security Number/Tax ID Number		Date of Birth MM-DD-YYYY	
% of Benefit			
Name _____			
Last	First	Middle Initial	
Home Address _____			
Street	City	State	Zip
<div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>	Relationship _____	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 50px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 50px; height: 20px; margin: 2px;"></div>
Social Security Number/Tax ID Number		Date of Birth MM-DD-YYYY	
% of Benefit			
Name _____			
Last	First	Middle Initial	
Home Address _____			
Street	City	State	Zip
<div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>	Relationship _____	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 50px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 50px; height: 20px; margin: 2px;"></div>
Social Security Number/Tax ID Number		Date of Birth MM-DD-YYYY	
		Total must equal 100%	
		Total % of Benefit	

4. Spousal Consent and Witness *(Only complete this section if your spouse is not named as your sole primary beneficiary)*

By signing below, I consent to my spouse's beneficiary designation(s). I understand that I am waiving my rights to benefits under the Plan on the death of my spouse to the extent that someone other than myself has been designated as a primary beneficiary, or that I shall only be entitled to partial benefits if someone is designated as a primary beneficiary in addition to me. I understand that I do not have to sign this consent. I am signing this consent voluntarily.

Spouse Signature _____ Date _____

Spouse Name (please print) _____

Notary Public:

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public _____

In the State of _____ County of _____ My Commission Expires _____

OR

Plan Representative's Signature _____ Date _____

5. Participant's Certification, If No Spouse

I hereby certify that I am either: 1) not legally married; 2) legally separated; or 3) abandoned.

Note: A court order must be attached if you are legally separated or abandoned

Participant's Signature _____ Date _____

6. Participant's Signature

I have read and understand the instructions to this form and have authorized the above designations. I understand that if my spouse changes, I must complete another Beneficiary Designation Form.

Participant's Signature _____ Date _____

Please make a copy of this form for yourself, and return the original to:

Retirement & Benefit Plan Services; 1400 American Blvd., Mail-Stop NJ2-140-03-50; Pennington, NJ 08534