## **DESIGNATION OF BENEFICIARY FORM**

|   | oovestol 401(k) Plan<br>al Security Number                             |  | Plan Number: 19042   |  |
|---|--|--|--|--|
|   | •  |  |  |  |
| Participant Inform  |  |  | 1 .1   |  |
| Note: The accomp  | panying instructions are an integ                                      | ral part of this form and you should   | l use them to assist you.  |  |
| Name:   | Last   | First  | Middle Initial   |  |
| Address:  |  | 11150  | Made Initial   |  |
|   | Street   |  |  |  |
|   | City   | State  | Zip  |  |
| Marital Status:   | Single   | Married  |  |  |
| Primary Beneficia   | rv(ios)  |  |  |  |
| •   | • • •  | matically be my designated Benefic   | ciary unless I elect otherwise and my spouse   |  |
| consents to such elect  | ion on this form. I hereby desig                                       |  | ons as primary Beneficiaries of my Account   |  |
| under the Plan payable  | in the event of my death.  |  |  |  |
| Name:   |  |  | Name:  |  |
| •   | er:  | <del></del>  | Social Security Number: Address:   |  |
|   |  |  |  |  |
|   |  |  |  |  |
| Relationship to Particip  | pant:  | Relationship to Part   | Relationship to Participant:   |  |
| Percentage:   |  | Percentage:  | Percentage:  |  |
| Contingent Benefi   | ciary(ies) are no living primary Beneficiario                          | Beneficiary, or all to the last survive es at my death, I hereby designate the                             | ne following person or persons as contingent   |  |
| •   |  | Nama   |  |  |
|   | er:  |  | Name:Social Security Number:   |  |
| Address:  |  |  | Address:   |  |
| Date of Birth:  |  | Date of Birth:   |  |  |
|   | pant:  |  | icipant:   |  |
| Percentage:   |  | Percentage:  |  |  |
|   |  | hen more than one Beneficiary is<br>Beneficiary, or all to the last surviv                                 | designated, and no percentage is specified, ing Beneficiary.   |  |
| Signatures  |  |  |  |  |
| I understand that if the or, if none, my estate. I hereby revoke all my (NOTE: IF YOU ARE M | I reserve the right to revoke or coprior designations (if any) of prir | hange any Beneficiary designation.<br>mary and contingent Beneficiaries.<br>OF THIS FORM FOR APPLICABLE SI | count shall be made to my surviving spouse, By designating the Beneficiary(ies) above, POUSAL CONSENT REQUIREMENTS.) |  |
| PARTICIPANT   |  |  | DATE   |  |
| As Plan Administrator   | I hereby acknowledge receipt of  | this form.   |  |  |
| PLAN ADMINISTRA   | TOR  |  | DATE   |  |

Note: The Plan Administrator will maintain possession of this form.

If your spouse is not your Designated Primary Beneficiary, then this Designation of Beneficiary is invalid without the consent of your spouse unless your spouse waived the right to consent to any change in the beneficiary designation under a prior beneficiary designation.

| Consent of Spouse  |  |
|--|--|
| Designation of Beneficiary Form and understand that I posses   | ed on the first page of this form. I hereby certify that I have read this as a beneficial interest in my spouse's Account under the Plan if I survive tion of Beneficiary on the first page of this form. My consent shall be nation of Beneficiary. If my spouse changes the designation, |
| ☐ (a) I understand I must sign a new consent to the new design   | gnation for it to be effective.  |
| ☐ (b) I waive my right to consent to any future change in de Beneficiary designated on the reverse side of this form | esignation. I understand I have the right to restrict my consent only to the a by checking box (a).  |
| I have executed this consent this day of   | ,  |
|  | Signature of Participant's Spouse (Must be witnessed by a Plan Representative or a Notary Public)  |
| Plan Representation  |  |
| Signature of spouse witnessed this day of  | , in the presence of:  |
|  | Plan Representative  |
|  | (Print Name)   |
|  | OR   |
| Notary Public  |  |
| STATE OF   |  |
| COUNTY OF (ss.)  |  |
| On this day of, who acknowledged herself or himself to be the person who e his or her free act and deed.             | , before me appeared   |
|  | Notary Public  |

My Commission Expires:

## INSTRUCTIONS FOR DESIGNATING OR CHANGING BENEFICIARY

## **General Instruction**

These instructions will assist you, the Participant, in properly completing the Primary and Contingent Beneficiary Section(s) of the Designation of Beneficiary Form.

- (1) To designate one person, insert the name and relationship in the spaces provided. If your Beneficiary is not related to you, show relationship as "Friend." If you are married and wish to designate someone other than your spouse as a Beneficiary, please refer to the "Spousal Consent" section below.
- (2) If you wish to name your estate, insert "Estate" in the blank space.
- (3) If you wish to designate a trust, insert the name of the trustee and trust in the blank space using language similar to the following example:
  - To X Bank as Trustee, or its successor Trustee, of the John E. Jones Trust dated the 26th day of June, 2007, including any amendments to the Trust.
- (4) If you wish to designate more than one Beneficiary here are the most common examples:

• Three or more beneficiaries: James O. Jones, brother

Paul A. Jones, brother Jane A. Smith, sister

• Unborn children: My children living at my death

**Note**: Unless you provide otherwise in completing the Designation of Beneficiary Form, the Trustee will pay all sums payable to more than one Beneficiary equally to the living Beneficiaries.

- (5) You may not designate your will as a beneficiary.
- (6) Contingent Beneficiaries will only receive benefits if all designated primary Beneficiaries die before you.

## Spousal Consent

If you are married and your spouse is not designated as your primary Beneficiary, then your Beneficiary designation is invalid without the consent of your spouse unless, under a prior Beneficiary designation, your spouse waived the right to consent to any change in the Beneficiary designation. Your spouse's consent must be witnessed by a Plan Representative or a Notary Public.