Conservation International

International Retirement Savings Plan (IRSP) Enrollment and Beneficiary Form

Participant Full Name:

Marital Status: Date of Birth:

CI Program Country: Start Date at CI:

Title/Position:

I revoke all prior beneficiary designations I have made with respect to the IRSP. I certify that the above information is correct. CI, the country office, and any others concerned with the administration of the IRSP will rely on this form to fulfill the responsibilities described in the IRSP Plan. Pursuant to the provisions of the IRSP plan, I designate the following person(s) as Primary and Secondary Beneficiaries of the benefits payable under the IRSP at my death. You may choose up to two Primary and two Secondary Beneficiaries.

# Primary Beneficiar(ies)

Beneficiary Name: Relation to you:

Beneficiary Phone Number: % allocated:

Beneficiary Name:  Relation to you:

Beneficiary Phone Number:  % allocated:

Secondary Beneficiar(ies)

Beneficiary Name: Relation to you:

Beneficiary Phone Number: % allocated:

Beneficiary Name: Relation to you:

Beneficiary Phone Number: % allocated:

The Primary Beneficiary(ies), if surviving, shall receive all sums payable under the Program at my death in the percentages described above. If the Primary Beneficiary fails to survive me, then all amounts shall be paid to the Secondary Beneficiary(ies) in the percentages described above. If no named beneficiary survives me, CI shall designate the beneficiary in order of the following priority; the surviving spouse; or if no surviving spouse, the surviving children; or if no surviving children, the Participant's Estate.

*I understand that this designation of a beneficiary may have significant financial and tax effects and I have consulted with my own advisors to the extent necessary.*

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_

Human Resources: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_