

Participant Information

Name JIGNESH N DALSANIYA	Social Security Number XXX-XX-3961	Plan M&T BANK CORPORATION RETIREMENT SAVINGS PLAN
------------------------------------	--	---

Beneficiary Designation Form

Online Beneficiary Designation

If your marital status changes, consider reviewing and updating your beneficiaries since some plans may revoke prior designations.

Beneficiary Designation

Pending Primary Beneficiaries

Name JIGNA JIGNESH DALSANIYA	Address 201 ALEXIS CT GREYSTONE COMMUNITY WEST CHESTER, PA 19380
Relationship Spouse	Distribution Percentage 40%
Date of Birth 09/22/1988	
SSN XXX-XX-8400	
Name SWARA JIGNESH DALSANIYA	Address 201 ALEXIS CT GREYSTONE COMMUNITY WEST CHESTER, PA 19380
Relationship Non-Spouse	Distribution Percentage 30%
Date of Birth 09/04/2017	
SSN XXX-XX-1621	
Name AARYA JIGNESH DALSANIYA	Address 201 ALEXIS CT GREYSTONE COMMUNITY WEST CHESTER, PA 19380
Relationship Non-Spouse	

Date of Birth	Distribution Percentage
10/24/2020	30%
SSN	
XXX-XX-0385	

Pending Secondary Beneficiaries

Currently you do not have any SECONDARY beneficiaries declared.

Participant Signature

I hereby waive the spouse's death benefit by designating the beneficiary(ies) above to receive my entire vested account in the plan after my death. I understand that I may waive the spouse's death benefit only if my spouse consents. I also understand that I may revoke my waiver of the spouse's death benefit at any time by designating my spouse as my sole primary beneficiary for my vested benefits under the plan.

Any election I have made on this form revokes all prior designations with respect to this Plan.

Date

Participant's Signature

Consent of Spouse

I, _____, am the spouse of the Participant named on this form. I understand that I have the right to receive my spouse's entire vested account in the plan after my spouse dies. I hereby waive that right and permit my spouse's plan account to be paid to the beneficiary(ies) designated by my spouse on this form. However, I do not consent to any changes in the beneficiary(ies) unless I agree to the change. By signing this consent, I understand that I will receive no benefits from the plan after my spouse dies unless I am designated as a primary beneficiary on this form. I understand that I do not have to sign this consent, but do so voluntarily. I also understand that I cannot revoke my consent to the beneficiary(ies) designated on this form.

Date

Spouse's Signature (must be notarized)

Notorization of Spouse's Signature

State of _____ County of (or City of) _____

Sworn to before me this _____ day of _____, _____

Signature of Notary Public

(Notary Seal)
Date

My Commission Expires

Name of Notary Public

Return To:

T. Rowe Price Retirement Plan Services, P.O. Box 17215, Baltimore, MD 21297-1215