

Participant Information

Name	Social Security Number	Plan
JIGNESH N DALSANIYA	XXX-XX-3961	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	Address
JIGNA JIGNESH DALSANIYA	201 ALEXIS CT GREYSTONE COMMUNITY WEST CHESTER, PA 19380
Relationship	
Spouse	
Date of Birth	Distribution Percentage
09/22/1988	40%
SSN	
XXX-XX-8400	

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

Name	Address
AARYA JIGNESH DALSANIYA	201 ALEXIS CT GREYSTONE COMMUNITY WEST CHESTER, PA 19380
Relationship	
Non-Spouse	

Date of Birth

10/24/2020

SSN

XXX-XX-0385

Distribution Percentage

30%

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

Name of Notary Public

My Commission Expires

Return To:

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