

## Participant Information

Name <b>JIGNESH N DALSANIYA</b>	Social Security Number <b>XXX-XX-3961</b>	Plan <b>M&amp;T BANK CORPORATION RETIREMENT SAVINGS PLAN</b>
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## 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 <b>JIGNA JIGNESH DALSANIYA</b>	Address <b>201 ALEXIS CT GREYSTONE COMMUNITY WEST CHESTER, PA 19380</b>
Relationship <b>Spouse</b>	
Date of Birth <b>09/22/1988</b>	Distribution Percentage <b>40%</b>
SSN <b>XXX-XX-8400</b>	

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

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

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

### 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) \_\_\_\_\_

### Notarization 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