

Beneficiary Designation Form

Arent Fox Flexible Deferral Plan

About You (Please print)

Plan number _____

Social Security number _____ Daytime telephone number _____
area code

First name _____ MI _____ Last name _____

Address _____

City _____ State _____ ZIP code _____

Marital Status ☐ Married ☐ Single, widowed or legally divorced

Are you still employed by the employer sponsoring the plan? ☐ Yes ☐ No

Your Beneficiary Designation (See 'Instructions for Choosing Your Beneficiary')

I designate the following as beneficiary of my account with regard to the percentage(s) I have indicated below. Please list additional beneficiaries, along with percentages they are to receive on a separate page, if needed. Indicate whether the additional beneficiary(ies) is/are primary or secondary beneficiary(ies).

(A) Primary Beneficiary(ies)

Full Legal Name _____

Address _____

Social Security number _____ Percentage _____ %

Date of birth _____ Relationship to you _____

Full Legal Name _____

Address _____

Social Security number _____ Percentage _____ %

Date of birth _____ Relationship to you _____

Please use whole percentages - must total 100%

(B) Secondary Beneficiary(ies)

Full Legal Name _____

Address _____

Social Security number _____ Percentage _____ %

Date of birth _____ Relationship to you _____

Full Legal Name _____

Address _____

Social Security number _____ Percentage _____ %

Date of birth _____ Relationship to you _____

Please use whole percentages - must total 100%

Spousal Consent to Waiver of QPSA

I am the spouse of the participant, and I understand that I am entitled to 100% of the account upon the participant's death. I have read an explanation of my right to receive a Qualified Pre-Retirement Survivor Annuity if the participant dies before the benefit payments commence, and understand the spousal death benefit to which I am entitled under the plan. I realize the participant is waiving this spousal death benefit and I voluntarily consent to the waiver. By signing this consent, I will not receive the benefit that would otherwise have been payable to me upon the participant's death, and voluntarily agree to the participant's designation of the beneficiary(ies) named above.

X
 Spouse's signature - must be witnessed by a notary public OR authorized plan representative.
 Subscribed and sworn before me on the _____ day of _____, the year _____ Notary Stamp or Seal
 My notary commission expires _____ with the state of _____
 Signature of ☐ notary or ☐ authorized plan representative
X _____ Date _____

Your Authorization and (if applicable) Waiver of QPSA

I designate the beneficiary(ies) specified above to receive benefits under the plan upon my death. If I am married and my spouse is not the sole primary beneficiary, I acknowledge that I have read an explanation of my spouse's right to receive a Qualified Pre-Retirement Survivor Annuity (QPSA) in the event I die prior to commencing benefits at retirement. I waive the requirement that this pre-retirement death benefit be paid in the form of a QPSA.

Signature **X** _____ Date _____

DID YOU REMEMBER TO:

- Sign the form
- Initial any changes
- Use whole numbers
- Have your spouse's signature notarized