



Vanguard®

GIBBY, HENRY T
4481 S 1150 W B
Riverdale, UT 84405
8018663721

Plan #: 093238
Date of request: 06/29/2021
Confirmation #: WEBT1801266226D

Confirmation of Your Beneficiary Request

You have recently requested an update to your beneficiary on your employer-sponsored plan. This packet confirms your update and provides you with important information about your request. Please follow the instructions provided below to complete your request. This request will expire 60 days after the date of request.

Content and instructions

Beneficiary Form: Please verify and return these pages.....2-3

Beneficiary Change Authorization Form: Please sign and return this page.....5

Your beneficiary(ies) will be updated when all required documentation has been received by Vanguard. Please do not make any changes to any of the pre-populated information on the form. Vanguard will not process handwritten instructions. If you have questions or any of the information in this packet is incorrect, please call Vanguard Participant Services at 800-523-1188 Monday through Friday from 8:30 a.m. to 9:00 p.m. Eastern time. You may also log on to www.vanguard.com and submit a new request.

Please return all required paperwork to one of the addresses below:

Return via U.S. Mail to

Vanguard
P.O. Box 982902
El Paso, TX 79998-2902

Return via overnight delivery to

Vanguard
5951 Lockett Court, Suite A2
El Paso, TX 799932

1 - 5



Beneficiary Designation

Percentage of distribution for all primary beneficiaries must equal 100%; likewise, for contingent beneficiaries.

If any of your primary beneficiaries is deceased at the time of your death, his or her portion of your assets will be divided proportionately among your surviving primary beneficiaries, if any.

Your contingent beneficiary or beneficiaries will inherit your assets only if you have no surviving primary beneficiaries at the time of your death. For this reason, we suggest you designate contingent beneficiaries.

Primary Beneficiaries

1

Beneficiary name

THE TYSON & TIFFANY GIBBY TRUST

100.00

%

TRUST

Relationship to me

07/07/2009

Birth / Trust Date / Section of Will

Last four digits of SSN

OR

Address



Contingent Beneficiaries Contingent beneficiaries receive distributions only if no primary beneficiaries survive you.

You haven't designated contingent beneficiaries.



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DELOITTE 401(K) PLAN
Beneficiary Change Authorization Form

I, the undersigned spouse of the Account Owner, hereby voluntarily consent to the beneficiary designation of a primary beneficiary other than me. I do not consent to my spouse having the right to make further beneficiary changes in this plan without my consent.

Signature of Spouse

Date (mm/dd/yyyy)

(Print name of Spouse) has personally appeared before me, has proven to be the individual named above, and has acknowledged that this authorization is his/her wish.

Signature of Notary Public or Plan Administrator if applicable

Notary Seal or Stamp

Commission Expiration Date

This designation will completely replace any prior designations for this Plan, therefore, it is important that you list all primary and contingent beneficiaries you want to designate, even if you are only updating information for one beneficiary. This designation becomes effective upon receipt in good order as determined by Vanguard.

Account Owner Signature

Date (mm/dd/yyyy)

Vanguard use only

Return to:

Vanguard
P.O. Box 982902
El Paso, TX 79998-2902

5 - 5

