

## Beneficiary Designation 401(k) Plan

odmenLife 401(k) Plan					194505-0
My Information					
For questions regarding this form, visit th	ne website at www.empowe	er-retirement.com/	participant or cont	act Service Center at	1-888-411-4015.
Jse black or blue ink when completing th	his form.				
Participant Information					
Account extension, if applicable, identifies the transferred to a beneficiary due to particip death, alternate payee due to divorce participant with multiple accounts.	oant's	Society Society	al Sagurity Numba	r (Must provide all 9 digi	(1)
	Account Extension	JII 30018	al Security Numbe	i (iviusi provide ali 9 digi 	(S) /
Last Name		First Name	M.I.	Date of Birth	,
Email Address				Daytime Phone Nu	ımber
☐ Married ☐ Unmarried				( )	
				Alternate Phone N	umber
Beneficiary Designation (Attach a	n additional sheet to name a	dditional beneficiar	ries.)		
Primary Beneficiary Designation	1 (Primary beneficiary design	nations must total 1	100% in whole perc	entages.)	
to my beneficiary designation.  • See the attached examples on how or estate.		neficiary designati			, such as a trust, cha
	neficiary Name ividual, Trust, Charity, etc.)	Relationship	Social Securi Identification	ty or Taxpayer Number	Date of Birth or Trust Date
Street Address	City		State	)	Zip Code
Phone Number (Optional)					
%		<u> </u>		<del></del>	/ /
	neficiary Name ividual, Trust, Charity, etc.)	Relationship	Social Securi Identification	ty or Taxpayer Number	Date of Birth or Trust Date
Street Address	City		State	)	Zip Code
Phone Number (Optional)					
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	neficiary Name ividual, Trust, Charity, etc.)	Relationship	Social Securi Identification	ty or Taxpayer Number	Date of Birth or Trust Date
Street Address	City		State	;	Zip Code
Dhara Narahan (0. ii. ii	_				
Phone Number (Optional)				ole percentages.)	
Phone Number (Optional)  Contingent Beneficiary Designa	tion (Contingent beneficiar	y designations mus	st total 100% in who		
Contingent Beneficiary Designa	tion (Contingent beneficiar	y designations mus	st total 100% in who		
Contingent Beneficiary Designa					/ /
Contingent Beneficiary Designa  % % of Account Balance Contingent	tion (Contingent beneficiar Beneficiary Name ividual, Trust, Charity, etc.)	Relationship		ty or Taxpayer	/ / Date of Birth or Trust Date

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	Last Name	First Name	M.I.	Social Security Number	Number
В	Beneficiary Designat	tion (Attach an additional sheet to name	additional benefici	aries.)	
	Contingent Beneficia	ary Designation (Contingent benefici	ary designations m	ust total 100% in whole percentages.)	
	%				/ /
	% of Account Balance	Contingent Beneficiary Name (Name of Individual, Trust, Charity, etc.)	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
	Street Address	City		State	Zip Code
	Phone Number (Optional)				
	% of Account Balance	Contingent Beneficiary Name (Name of Individual, Trust, Charity, etc.)	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
	Street Address	City		State	Zip Code
	Phone Number (Optional)				
С	Signatures and Cons	sent (Signatures must be on the lines provi	ided.)		
	Participant Consent	for Beneficiary Designation (Plea	se sign on the 'Partic	ipant Signature' line below.)	
	Plan, I am making the ab the account will be divid beneficiaries. Contingent predeceases me, his or h pursuant to the terms of	rstand and agree to all pages of this I pove beneficiary designations for my ve led as specified. If a primary beneficiat t beneficiaries will receive a benefit only ner benefit will be allocated to the survivi the Plan or applicable law. This design primation may be required prior to record	ested account in the ary predeceases re y if there is no surve ving contingent bero nation is effective u	e event of my death. If I have more that ne, his or her benefit will be allocate iving primary beneficiary, as specified reficiaries. If I fail to designate benefici pon execution and delivery to Service	an one primary beneficiary, d to the surviving primary If a contingent beneficiary aries, amounts will be paid
		edes all prior designations. Beneficiarie ally. <b>Primary and contingent benefic</b>			
	of the Treasury ("OFAC") OFAC as a specially des	vice Center is required to comply with the ). As a result, the Service Center cannous signated national or blocked person. For acture/offices/Pages/Office-of-Foreign-	ot conduct busines or more informatio	s with persons in a blocked country or n, please access the OFAC website a	any person designated by
		ordance with ERISA and/or Plan Docu ny spouse must consent by signing the			
	Any person who pre	esents a false or fraudulent clai	m is subject to	criminal and civil penalties.	
	Participant Signat	ure		Date (Requir	red)

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							194505-01	
	Last Name		First Name	M.I.	Social Secu	urity Number	Number	
С	Signatures and Consent (S	Signatures and Consent (Signatures must be on the lines provided.)						
	Spousal Consent for Bene	eficiary I	Designation (If applicable, ple	ase have the S	pouse sign on	the 'Spouse's Signature' lir	ne below.)	
	I, (name of spouse)	ount balar	nd understand its effect. I unde nce under the Plan and that m	rstand that m ny spouse's e	y spouse's be lection is not	eneficiary designation m valid unless I consent	to it. I understand that my	
	Spouse's Signature					Date (Require	ed)	
	For Residents of all states (e. Notice to California Notaries notary form: the title of the form notary forms not containing this	using the	e California Affidavit and Jun name, the plan number, the	rat Form the	following iter te, the partici	ms must be completed		
	My signature must be notarized by a Notary Public or witnessed by my spouse's Plan Administrator. The date I sign this form must match the date on which my signature is notarized or witnessed.							
	Statement of Notary		E: Notary seal must be visib		l sworn <i>(or af</i> i	firmed)		
	State of)	to be	fore me on this day	of	, year	, by	SEAL	
	)ss	s. (nam	ne of spouse)				<b>5</b>	
	County of)	who	ed to me on the basis of satisfappeared before me, who affiner free and voluntary act.					
	Notary Public					My commission ex	pires / /	
	Plan Administrator Witnessing Spousal Consent (Please sign on the 'Plan Administrator Signature' line below.)							
	If Spousal Consent notarization is not obtained, I certify that the consent was signed by the spouse of the participant in my presence. The date that I sign this form must match the date the participant's spouse has signed.							
	Plan Administrator Sig	nature				Date (Require	ed)	
D	Mailing Instructions							
	After all signatures have bee	n obtaine	ed, this form can be sent by					
	Fax to: C Empower Retirement 1-866-745-5766	OR	Regular Mail to: Empower Retirement PO Box 173764 Denver. CO 80217-3764		OR	Express Mail to: Empower Retirement 8515 E. Orchard Ro Greenwood Village.	oad	

Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker dealers.

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## This page is for informational purposes only - Do not return with the Beneficiary Designation form **EXAMPLE BENEFICIARY DESIGNATIONS**

Beneficiary Designati				
Primary Beneficiary D	Designation (Primary beneficia	ry designations must	total 100% in whole percentages.)	
to my beneficiary desi	gnation.	. ,	ficiary for 100% of my account baland gnations if the beneficiary is a non-inc	
33 %	John M. Doe	Brother	XXX-XX-XXXX	01/06/1954
% of Account Balance	Primary Beneficiary	Relationship	Social Security or Taxpayer	Date of Birth
	(Name of Individual, Trust, Charit	y, etc.)	Identification Number	or Trust Date
111 Elm Street	Ar	ıytown	MO	60000
Street Address	Cit	у	State	Zip Code
(XXX) XXX-XXXX				
Phone Number (Optional)				
33 %	Don M. Doe	Brother	XXX-XX-XXXX	01/06/1954
% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charit	Relationship y, etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
222 North Avenue	Ar	ıytown	CA	90000
Street Address	Cit	у	State	Zip Code
(XXX) XXX-XXXX				
Phone Number (Optional)				
34 %	Michelle L. Doe	Sister	XXX-XX-XXXX	01/06/1957
% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charit	Relationship y, etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
333 West Blvd	Ar	nytown	CO	80000
Street Address	Cit	A	State	Zip Code
	Cit	У	State	Zip Oode
(XXX) XXX-XXXX	Cit	y	State	210 0000
Phone Number (Optional)  nple 2: Trust as Ber				2.19 0000
Phone Number (Optional) nple 2: Trust as Ber Beneficiary Designati Primary Beneficiary D	neficiary ion (Attach an additional sheet to Designation (Primary beneficia	o name additional bene ry designations must	eficiaries.) total 100% in whole percentages.)	
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Phone Number (Optional)  nple 2: Trust as Ber Beneficiary Designati  Primary Beneficiary C  If I am married, my Plato my beneficiary desi  See the attached exaror estate.	neficiary ion (Attach an additional sheet to Designation (Primary beneficia an requires my spouse to be national sheet to be not specification. Inples on how to complete the be	o name additional bene ry designations must med as primary bene elow beneficiary design	eficiaries.)  total 100% in whole percentages.)  ficiary for 100% of my account balance gnations if the beneficiary is a non-inc	ce, or my spouse must conso
Phone Number (Optional)  nple 2: Trust as Ber Beneficiary Designati  Primary Beneficiary C  If I am married, my Plato my beneficiary desi  See the attached exar	neficiary ion (Attach an additional sheet to Designation (Primary beneficial an requires my spouse to be natignation. mples on how to complete the beaution. Trust of Jane Doe Primary Beneficiary	o name additional bene ry designations must med as primary bene elow beneficiary designation Trust Relationship	eficiaries.)  total 100% in whole percentages.)  ficiary for 100% of my account balance gnations if the beneficiary is a non-ince  XX-XXXXXXX  Social Security or Taxpayer	ce, or my spouse must consolividual, such as a trust, cha
Phone Number (Optional)  nple 2: Trust as Ber Beneficiary Designati  Primary Beneficiary C  If I am married, my Plato my beneficiary desi  See the attached exaror estate.  100 %  % of Account Balance	neficiary ion (Attach an additional sheet to Designation (Primary beneficial an requires my spouse to be natignation. imples on how to complete the beautiful to the primary beneficiary (Name of Individual, Trust, Cham	o name additional bene rry designations must med as primary bene elow beneficiary designation Trust Relationship	total 100% in whole percentages.) ficiary for 100% of my account balance gnations if the beneficiary is a non-inc XX-XXXXXX  Social Security or Taxpayer Identification Number	ce, or my spouse must constitutional, such as a trust, cha 06/30/2015 Date of Birth or Trust Date
Phone Number (Optional)  nple 2: Trust as Ber Beneficiary Designati  Primary Beneficiary C  If I am married, my Plato my beneficiary desi See the attached exar or estate.  100 %  % of Account Balance  150 Main Street	neficiary ion (Attach an additional sheet to Designation (Primary beneficial an requires my spouse to be natignation. Imples on how to complete the beautiful of Jane Doe Primary Beneficiary (Name of Individual, Trust, Chan	o name additional bene rry designations must med as primary bene elow beneficiary designation Trust Relationship ty, etc.)	total 100% in whole percentages.) ficiary for 100% of my account balance gnations if the beneficiary is a non-inc XX-XXXXXXX Social Security or Taxpayer Identification Number MO	ce, or my spouse must constitutional, such as a trust, cha  06/30/2015  Date of Birth or Trust Date  60000
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Phone Number (Optional)  nple 2: Trust as Ber Beneficiary Designati  Primary Beneficiary I  If I am married, my Plato my beneficiary desi See the attached exartor estate.  100 %  Mof Account Balance  150 Main Street Street Address (XXX) XXX-XXXX  Phone Number (Optional)  nple 3: Estate as Ber Beneficiary Designati  Primary Beneficiary I  If I am married, my Plato my beneficiary desi See the attached exartor estate.  100 %  Mof Account Balance  45 East Road	Designation (Primary beneficial an requires my spouse to be not an additional sheet to the primary Beneficiary (Name of Individual, Trust, Change an requires my spouse to be not gnation.  Trust of Jane Doe Primary Beneficiary (Name of Individual, Trust, Change and Primary Beneficiary (Primary Beneficiary Beneficiary Beneficiary Beneficiary Beneficiary (Name of Individual, Trust, Change of I	p name additional beneficiary designations must a med as primary beneficiary designations hip ty, etc.)  p name additional beneficiary designations must a med as primary beneficiary designations must be med as primary beneficiary designations hip ty, etc.)  nytown	total 100% in whole percentages.) ficiary for 100% of my account balance gnations if the beneficiary is a non-ince XX-XXXXXXX Social Security or Taxpayer Identification Number MO State  strictaries.) ficiary for 100% of my account balance gnations if the beneficiary is a non-ince Social Security or Taxpayer Identification Number MO Social Security or Taxpayer Identification Number MO	ce, or my spouse must considividual, such as a trust, cha  06/30/2015  Date of Birth or Trust Date 60000  Zip Code  ce, or my spouse must considividual, such as a trust, cha  /  Date of Birth or Trust Date 60000

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## **Example 4: Charity as Beneficiary**

Beneficiary Designati	Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)							
Primary Beneficiary D	Primary Beneficiary Designation (Primary beneficiary designations must total 100% in whole percentages.)							
to my beneficiary desi	If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation.  See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.							
100 %	ABC Charity	Charity	XX-XXXXXX	/ /				
% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Chari	Relationship ty, etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date				
75 South Place	Ar	ytown	CO	80000				
Street Address	Cit	ý	State	Zip Code				
(XXX) XXX-XXXX								
Phone Number (Optional)								

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