

This form is to be used to designate beneficiaries for Keogh Plan accounts. It is important that your beneficiary designation be clear so that there will be no question as to your meaning. If you need assistance, contact your company representative. Your designation of beneficiary(ies) become(s) effective only when filed with your employer's official personnel records. If you designate more than one primary beneficiary, or more than one contingent beneficiary, please be sure that the percentages add up to 100%. If no percentages are designated, an even split will be assumed. If a beneficiary is a minor, you must designate a custodian and provide the minor's date of birth. We will transfer ownership of your account to your contingent beneficiaries only if there are no surviving primary beneficiaries upon the notification of the account owner's death. If a beneficiary is not related to you either by blood or marriage, insert the words "not related" where relationship is requested.

If you are married at the time of your death, your benefits under the Plan are generally required in the form of a survivor annuity (Pre-retirement Survivor Annuity) to your spouse unless you waive this requirement, either with respect to the beneficiary and/or with respect to the payout option. If you wish to name a beneficiary other than your spouse, or in addition to your spouse, you must obtain your spouse's written consent on this form and have it witnessed by a notary public. Your spouse must also consent to the waiver of the Pre-retirement Survivor Annuity form of payment. You and your spouse should read the Pre-retirement Survivor Annuity Notice provided by your Employer so that you and your spouse understand your rights under the Plan and you can waive this annuity form of payment, if applicable.

Please file a copy of this form with your employer.

Please check one: ☐ Initial Designation ☐ Change of Designation

1. ACCOUNT OWNER INFORMATION

Name in which account is registered (*first, middle, last*)

Plan Name

Marital Status

Social Security Number

Date of Birth

Phone number (*include area code*)

Cell Phone number (*include area code*)

Email Address

Please list the last 10-digits of the account number(s) that you wish to add or change beneficiaries to:

Account number

Account number

Account number

Account number

2. BENEFICIARY INFORMATION

☐ PRIMARY OR ☐ CONTINGENT

1. _____
Beneficiary's Full Name (first, middle, last) or Trust Name

Date of Birth/Trust (month/day/year) Social Security Number/Tax ID No.

Permanent Residence Address **DO NOT USE P.O. Box**

City State Zip Code

Phone Number Email Address

Percentage % Custodian, if beneficiary is a minor (account owner cannot be designated as the custodian)

Relationship: ☐ SPOUSE OR ☐ OTHER (Relationship): _____

☐ PRIMARY OR ☐ CONTINGENT

2. _____
Beneficiary's Full Name (first, middle, last) or Trust Name

Date of Birth/Trust (month/day/year) Social Security Number/Tax ID No.

Permanent Residence Address **DO NOT USE P.O. Box**

City State Zip Code

Phone Number Email Address

Percentage % Custodian, if beneficiary is a minor (account owner cannot be designated as the custodian)

Relationship: ☐ SPOUSE OR ☐ OTHER (Relationship): _____

☐ PRIMARY OR ☐ CONTINGENT

3. _____
Beneficiary's Full Name (first, middle, last) or Trust Name

Date of Birth/Trust (month/day/year) Social Security Number/Tax ID No.

Permanent Residence Address **DO NOT USE P.O. Box**

City State Zip Code

Phone Number Email Address

Percentage % Custodian, if beneficiary is a minor (account owner cannot be designated as the custodian)

Relationship: ☐ SPOUSE OR ☐ OTHER (Relationship): _____

☐ PRIMARY OR ☐ CONTINGENT

4. _____
Beneficiary's Full Name (first, middle, last) or Trust Name

Date of Birth/Trust (month/day/year) Social Security Number/Tax ID No.

Permanent Residence Address **DO NOT USE P.O. Box**

City State Zip Code

Phone Number Email Address

Percentage % Custodian, if beneficiary is a minor (account owner cannot be designated as the custodian)

Relationship: ☐ SPOUSE OR ☐ OTHER (Relationship): _____

☐ PRIMARY OR ☐ CONTINGENT

5. _____
Beneficiary's Full Name (first, middle, last) or Trust Name

Date of Birth/Trust (month/day/year) Social Security Number/Tax ID No.

Permanent Residence Address **DO NOT USE P.O. Box**

City State Zip Code

Phone Number Email Address

Percentage % Custodian, if beneficiary is a minor (account owner cannot be designated as the custodian)

Relationship: ☐ SPOUSE OR ☐ OTHER (Relationship): _____

☐ PRIMARY OR ☐ CONTINGENT

6. _____
Beneficiary's Full Name (first, middle, last) or Trust Name

Date of Birth/Trust (month/day/year) Social Security Number/Tax ID No.

Permanent Residence Address **DO NOT USE P.O. Box**

City State Zip Code

Phone Number Email Address

Percentage % Custodian, if beneficiary is a minor (account owner cannot be designated as the custodian)

Relationship: ☐ SPOUSE OR ☐ OTHER (Relationship): _____

☐ PRIMARY OR ☐ CONTINGENT

7. _____
Beneficiary's Full Name (first, middle, last) or Trust Name

Date of Birth/Trust (month/day/year) Social Security Number/Tax ID No.

Permanent Residence Address **DO NOT USE P.O. Box**

City State Zip Code

Phone Number Email Address

Percentage % Custodian, if beneficiary is a minor (account owner cannot be designated as the custodian)

Relationship: ☐ SPOUSE OR ☐ OTHER (Relationship): _____

☐ PRIMARY OR ☐ CONTINGENT

8. _____
Beneficiary's Full Name (first, middle, last) or Trust Name

Date of Birth/Trust (month/day/year) Social Security Number/Tax ID No.

Permanent Residence Address **DO NOT USE P.O. Box**

City State Zip Code

Phone Number Email Address

Percentage % Custodian, if beneficiary is a minor (account owner cannot be designated as the custodian)

Relationship: ☐ SPOUSE OR ☐ OTHER (Relationship): _____

3. SIGNATURES

Read the agreement below, then sign and date this beneficiary form. This form revokes any and all prior beneficiary designations.

I hereby represent and certify that the above information furnished by me is true and correct. I agree to notify my Employer immediately in the event my marital status changes. I hereby revoke any prior beneficiary designations I may have made.

X _____
Employee Signature Date

3. SPOUSAL CONSENT

Generally, if you have designated a primary beneficiary other than your spouse or not allocated 100% to your spouse, that designation will not be effective unless your spouse provides his/her consent by signing this form. If consent is required, your spouse's signature must be notarized below.

I have reviewed my spouse's designation of beneficiary above and understand that I have not been designated as sole primary beneficiary. I hereby consent to the designation by my spouse of the beneficiaries identified above. I understand that my spouse must execute a new beneficiary designation form if he or she wants to change the beneficiaries designated above, and that I must also agree to my spouse's new beneficiary. I fully understand that by executing this consent I am allowing the beneficiaries identified above to be paid benefits that might otherwise be paid to me under the plan upon my spouse's death.

X

Spouse Signature

Date

CERTIFICATE OF NOTARY

STATE OF

)

)

SS:

COUNTY OF

)

On this _____ day of _____, 20____, before me personally came and appeared _____, known to me to be the individual described in and who executed the foregoing instrument, and who duly acknowledged to me that he/she executed same for the purpose therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Notary Signature

Date

My commission expires: _____

Please mail this completed form to:

BNY Shareholder Services
P.O. Box 534434
Pittsburgh, PA 15253-4434

For Registered, Certified or Overnight Mail, please mail to:

BNY Shareholder Services
Attention: 534434
500 Ross Street, 154-0520
Pittsburgh, PA 15262

For assistance: 1-800-373-9387

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