

➤ **BNY** | INVESTMENTS

403(b)(7) ACCOUNT BENEFICIARY DESIGNATION FORM

You can name any number of beneficiaries and you can designate each of them as a primary or contingent beneficiary.

If you name more than one primary beneficiary, or more than one contingent beneficiary, you can specify if they are to receive equal or unequal shares. If you do not specify, they will be paid in equal shares. For each group of beneficiaries (whether primary or contingent beneficiaries) the percentages for beneficiaries within the group should total 100%.

Any contingent beneficiary or beneficiaries you name will receive all or a portion of your 403(b)(7) Custodial Account balance only if all primary beneficiaries die before you.

Your entire 403(b)(7) Custodial Account balance will be paid to the beneficiaries who survive you. If you name two primary beneficiaries but one of them dies before you, the entire balance will be paid to the surviving beneficiary.

Other important points to remember:

- By naming a beneficiary on this designation form, you revoke any prior designation of beneficiary you may have made with respect to the assets in your 403(b)(7) Custodial Account.
 - You have the right to change your beneficiaries at any time by filing a proper written request with the Custodian. You should also give a copy to your Employer.
 - If no beneficiary survives you, if no beneficiary designation is in effect at your death, or if your beneficiary is your estate, the balance in your 403(b)(7) Custodial Account will be paid to your estate.
- ☐ Please check this box if you do not want beneficiaries to receive general marketing communications on products and services.

1. ACCOUNT OWNER INFORMATION

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

If applicable, name of joint owner (first, middle, last)

Social Security Number

If applicable, Joint Owner's Social Security Number

Phone number (include area code)

Cell Phone number (include area code)

Email Address

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

Account number

Account number

2. BENEFICIARY INFORMATION

Please make sure percentages total 100% for all Primary Beneficiary(ies) provided and total 100% for all Contingent Beneficiary(ies) provided.

☐ 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): _____

Participant Signature:

I hereby represent and certify that the above information furnished by me is true and correct. I agree to notify the Custodian immediately in the event that I change my beneficiary(ies) by filing a proper written request with the Custodian. This form revokes any and all prior beneficiary designations.

Participant Signature

Date

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: 1-800-358-0910