

MissionSquare Plan Services has provided a two-part form to facilitate updates to your personal information and beneficiary or survivor information. Please read the following instructions and forms carefully to ensure you have the proper supporting legal documentation and that your designations for beneficiaries or survivors are valid.

**PART 1 | YOUR PERSONAL INFORMATION CHANGES**

Use this form to update personal items like name and marital status that require appropriate legal documentation. Since these changes are applicable to you as an individual, they will automatically apply to all of your accounts at MissionSquare unless you specifically identify accounts to change.

**PART 2 | BENEFICIARY OR SURVIVOR INFORMATION**

Use this form to designate beneficiaries for your 401, 457, 403(b), and IRA accounts or survivors for your RHS account. Each type of account has specific rules for naming beneficiaries and distributing assets to designated individuals. Since rules differ across plans, you should submit a form for each account you have at MissionSquare.

**SPECIAL NOTE FOR RHS PLANS (Section 2B)**

Survivor designation for your RHS account includes your spouse and dependent(s). "Spouse" means the participant's lawful spouse. An eligible "dependent" is (a) the participant's lawful spouse; (b) the participant's child under the age of 27, as defined by IRC Section 152(f)(1) and IRS Notice 2010-38; or (c) any other individual who is a person described in IRC Section 152(a), as clarified by IRS Notice 2004-79. In general, dependents consist of your spouse, qualifying child, qualifying relative, and those who meet each of the following three criteria:

- A. The person is related to you OR lived with you for the entire year as a member of your household; and
- B. The person was a U.S. citizen or resident (or resident of Canada or Mexico) for some part of the calendar year; and
- C. You provided over half of the person's total support for the year. The percentage will be set to 100%, as the entire account will be available for use by the spouse and dependent(s).

**IMPORTANT NOTE ON SPOUSAL CONSENT (Section 4)**

Spousal consent rules vary by type of account and by state. Read the disclosures on spousal consent carefully before signing and submitting your form.

**1 PERSONAL INFORMATION**

If you have more than one MissionSquare account, your name and/or marital status changes will be made to all accounts.

If you wish to specifically identify accounts, select all applicable account types below.

CHECK ONE BOX ONLY: ☐ 457(b) ☐ 401(a) ☐ 401(k) ☐ 403(b) ☐ RHS ☐ IRA

GENDER:

☐ MALE ☐ FEMALE ☐ OTHER

EMPLOYER PLAN NUMBER:

EMPLOYER PLAN NAME:

STATE:

SOCIAL SECURITY NUMBER:

FULL CURRENT NAME ON ACCOUNT: *LAST, FIRST, MI*

**2 NAME CHANGE**

**IMPORTANT:** You must attach a copy of a legal document (e.g., driver's license, marriage certificate, divorce decree) or your name change will not be processed.

FULL NEW NAME OF PARTICIPANT: *LAST, FIRST, MI*

**3 MARITAL STATUS**

NEW MARITAL STATUS: CHECK ONE BOX ☐ MARRIED ☐ SINGLE ☐ WIDOWED ☐ DIVORCED

**4 AUTHORIZATION**

Your signature is required. Please sign this form using your new name.

Participant Signature: \_\_\_\_\_ Date: *MM/DD/YYYY* \_\_\_\_\_

**PLEASE KEEP A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS.**

Designations of beneficiaries and survivors are distinct to each account. If you have more than one account at MissionSquare, you must complete a form for each account.

**1 PERSONAL INFORMATION**

|                            |                           |                                                                                                                                                     |
|----------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| EMPLOYER PLAN NUMBER:      | EMPLOYER PLAN NAME:       | STATE:                                                                                                                                              |
| SOCIAL SECURITY NUMBER:    | DATE OF BIRTH: MM/DD/YYYY | MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED |
| FULL NAME: LAST, FIRST, MI |                           |                                                                                                                                                     |

**2A BENEFICIARY DESIGNATION**

Your Primary beneficiary(ies) must total 100%, and your Contingent beneficiary(ies), if applicable, must also total 100%.  
 Check one Beneficiary Type and one Relationship for each beneficiary. Failure to do so may result in your designation being invalid.

**\*Trust Beneficiaries** – You must submit a copy of your entire trust document if you desire the beneficiaries of the trust to be treated as designated beneficiaries for the purpose of determining Required Minimum Distributions.

|                                                               |                                                                                                                                                              |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BENEFICIARY TYPE: <input checked="" type="checkbox"/> PRIMARY | RELATIONSHIP: CHECK ONE <input type="checkbox"/> SPOUSE <input type="checkbox"/> NON-SPOUSE <input type="checkbox"/> TRUST* <input type="checkbox"/> CHARITY |
| FULL NAME: LAST, FIRST, MI                                    | DATE OF BIRTH: MM/DD/YYYY                                                                                                                                    |
| SOCIAL SECURITY NUMBER:                                       | % OF BENEFIT: WHOLE % ONLY                                                                                                                                   |

|                                                                                        |                                                                                                                                                              |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BENEFICIARY TYPE: <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT | RELATIONSHIP: CHECK ONE <input type="checkbox"/> SPOUSE <input type="checkbox"/> NON-SPOUSE <input type="checkbox"/> TRUST* <input type="checkbox"/> CHARITY |
| FULL NAME: LAST, FIRST, MI                                                             | DATE OF BIRTH: MM/DD/YYYY                                                                                                                                    |
| SOCIAL SECURITY NUMBER:                                                                | % OF BENEFIT: WHOLE % ONLY                                                                                                                                   |

|                                                                                        |                                                                                                                                                              |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BENEFICIARY TYPE: <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT | RELATIONSHIP: CHECK ONE <input type="checkbox"/> SPOUSE <input type="checkbox"/> NON-SPOUSE <input type="checkbox"/> TRUST* <input type="checkbox"/> CHARITY |
| FULL NAME: LAST, FIRST, MI                                                             | DATE OF BIRTH: MM/DD/YYYY                                                                                                                                    |
| SOCIAL SECURITY NUMBER:                                                                | % OF BENEFIT: WHOLE % ONLY                                                                                                                                   |

|                                                                                        |                                                                                                                                                              |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BENEFICIARY TYPE: <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT | RELATIONSHIP: CHECK ONE <input type="checkbox"/> SPOUSE <input type="checkbox"/> NON-SPOUSE <input type="checkbox"/> TRUST* <input type="checkbox"/> CHARITY |
| FULL NAME: LAST, FIRST, MI                                                             | DATE OF BIRTH: MM/DD/YYYY                                                                                                                                    |
| SOCIAL SECURITY NUMBER:                                                                | % OF BENEFIT: WHOLE % ONLY                                                                                                                                   |

|                                                                                        |                                                                                                                                                              |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BENEFICIARY TYPE: <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT | RELATIONSHIP: CHECK ONE <input type="checkbox"/> SPOUSE <input type="checkbox"/> NON-SPOUSE <input type="checkbox"/> TRUST* <input type="checkbox"/> CHARITY |
| FULL NAME: LAST, FIRST, MI                                                             | DATE OF BIRTH: MM/DD/YYYY                                                                                                                                    |
| SOCIAL SECURITY NUMBER:                                                                | % OF BENEFIT: WHOLE % ONLY                                                                                                                                   |

☐ Additional beneficiary information on attached sheet

**2B SURVIVOR INFORMATION (FOR RHS PLANS ONLY)**

| NAME      | SOCIAL SECURITY NUMBER | DATE OF BIRTH: MM/DD/YYYY |
|-----------|------------------------|---------------------------|
| SPOUSE    |                        |                           |
| DEPENDENT |                        |                           |
| DEPENDENT |                        |                           |
| DEPENDENT |                        |                           |
| DEPENDENT |                        |                           |

☐ Additional survivor information on attached sheet

**3 PARTICIPANT SIGNATURE**

|                              |                        |
|------------------------------|------------------------|
| Participant Signature: _____ | Date: MM/DD/YYYY _____ |
|------------------------------|------------------------|

EMPLOYER PLAN NUMBER:

SOCIAL SECURITY NUMBER:

FULL NAME: LAST, FIRST, MI

**4 SPOUSAL CONSENT**

**Community Property States** (AZ, CA, ID, LA, NV, NM, TX, WA, or WI) – A participant living in a community property state must designate his/her spouse as the primary beneficiary for at least 50% of the account, unless the spouse waives his/her right by consenting to an alternative beneficiary designation. By signing below, you (the participant's spouse) are consenting to the benefit percentage specified below and the participant's beneficiary designation(s) on page 1 of this form.

**401 Defined Contribution/403(b) Retirement Plans** – Many 401/403(b) plans require that a married participant designate his/her spouse as the primary beneficiary for 100% of the account, unless the spouse waives his/her right by consenting to an alternative beneficiary designation. By signing below, you are consenting to the benefit percentage specified below and the participant's beneficiary designation(s) on page 1 of this form.

**IRA Accounts** – If none of your named primary or contingent beneficiaries are living or you do not name a beneficiary, the proceeds will be paid to your surviving spouse or, in the absence of a surviving spouse, to your estate. If you live in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, or WI), you must name your spouse as 100% primary beneficiary unless your spouse waives this right by signing this form. If a Social Security number is not provided and/or we cannot locate the named beneficiary, the MissionSquare IRA balance will be paid to your surviving spouse if he/she can be located, or if no surviving spouse can be located, to your estate.

**State Law** – MissionSquare makes this form available as a means of helping participants satisfy state law requirements relating to beneficiary designations. MissionSquare is not responsible for a participant's failure to properly designate a beneficiary in accordance with state law. Failure to satisfy state law requirements may result in a beneficiary designation being invalidated, and benefits being paid in accordance with state law.

**Spousal Consent and Acknowledgement** – By signing below, I agree to waive my beneficiary rights in my spouse's retirement plan account, and consent to 1) receive the benefit percentage specified below, and 2) the beneficiary designation on page 1 of this form. I understand this waiver will result in some or all of my spouse's death benefit being paid to someone other than me. I further understand that future changes to my spouse's beneficiary designations will not be valid unless I consent to any such changes.

**Spouse Benefit Percentage** (whole % only): \_\_\_\_\_% (This percentage should match the percentage, if any, specified on page 1 of the form. Write "0" if applicable.)

Spousal Signature: \_\_\_\_\_

Date: MM/DD/YYYY \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

**5 WITNESS**

- For 457(b) deferred compensation plans, a Notary Public is required to witness the spouse signature for the above spousal consent to be valid in a community property state.
- For 401 defined contribution plans and 403(b) retirement plans, the above spousal consent must be witnessed by either an authorized employer plan representative or a Notary Public.

**Employer's Plan Representative**

Employer Signature: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

Title: \_\_\_\_\_

Date: MM/DD/YYYY \_\_\_\_\_

**Notary Public**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ (month), 20\_\_\_\_.

Notary Public's Signature: \_\_\_\_\_

My commission expires: MM/DD/YYYY \_\_\_\_\_

**Photographically reproducible  
 Notary Seal or Stamp**

**PLEASE KEEP A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS.**