## **RETIREMENT PLAN - DESIGNATION OF BENEFICIARY**

	of Social Security Number	Last Nan	пе	First Name	M.I.
Street Address					
City		State	Zip		Marital Status Single Married
properly consent "Plan") payable	t if I am married, my spouse ts to such election below. I h by reason of my death. <b>Not</b>	ereby designate the followir	ng person or persons a eeded for beneficiary	s primary beneficiary of information, attach a s	elect otherwise and my spouse my account in the above-named plar reperate sheet of paper to the
Name		Last Four Digits of Social Security Number	Name		Last Four Digits of Social Security Number
Street Address		•	Street Address		·
City	State	Zip	City	State	Zip
Date of Birth	Relation to Participant	Percentage (whole increme	ents) Date of Birth	Relation to Participant	Percentage (whole increments)
Contingent In the event that		Last Four Digits of Social Security Number	eby designate the follow	ving persons(s) as conti	ngent beneficiary of my Plan account  Last Four Digits of Social Security Number
Street Address			Street Address		- 1
Street Address City	State	Zip	Street Address City	State	Zip
	State  Relation to Participant	Zip Percentage (whole increme	City	State  Relation to Participant	Zip Percentage (whole increments)
City  Date of Birth  Signatures reserve the righ	Relation to Participant  It to revoke or change any b	Percentage (whole increme	City  Date of Birth  reby revoke all prior de	Relation to Participant	· 
City  Date of Birth  Signatures reserve the righ	Relation to Participant  Int to revoke or change any be married, see the applicab	Percentage (whole increme	City  Date of Birth  reby revoke all prior de	Relation to Participant	Percentage (whole increments)
City  Date of Birth  Signatures reserve the righ Note: If you are Participant Signa	Relation to Participant  Int to revoke or change any be married, see the applicabilities	Percentage (whole increme beneficiary designation. I her ale spousal consent require ted Primary Beneficiary, the	City  Date of Birth  reby revoke all prior desements below.	Relation to Participant signations (if any) of prir	Percentage (whole increments)
Date of Birth  Signatures reserve the righ Note: If your specifies below acknown ackno	Relation to Participant  Int to revoke or change any be married, see the applicabiliture  To use is not your Designation of the beginned to the designation of the beginned benefit, or a porticipant.	Percentage (whole incremental and incremental	City  Date of Birth  Teby revoke all prior desements below.  The prior desements below.  The prior desements below.  The prior desements below.	Relation to Participant signations (if any) of prir  Date of Beneficiary is invalidated that I understand (1) that that each beneficiary of that each beneficiary of the priciary of the prici	Percentage (whole increments) nary and contingent beneficiaries.
Date of Birth  Signatures reserve the righ Note: If you are Participant Signat  Note: If your sp the below acknow Consent of Signature hereby consent cause my spous consent to it; and new designation	Relation to Participant  Int to revoke or change any be married, see the applicable ture  Touse is not your Designation owledgment and consent owledgment and consent to the designation of the bee's death benefit, or a porticit (3) that my consent is irrevious to be effective.	Percentage (whole incremental and incremental	City  Date of Birth  Date of Birth  Date of Birth  Description of the companies of the comp	Relation to Participant signations (if any) of prir  Date of Beneficiary is invalidated that I understand (1) that 2) that each beneficiary of designation. I understand	Percentage (whole increments)  mary and contingent beneficiaries.  I without the proper completion of the effect of such designation is to designation is not valid unless I d I must sign a new consent to the
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Please Mail Beneficiary Form To: Inperity Retirement Services; P.O.Box 1988, Kingwood, Texas 77347-1988 Questions? Call the Insperity 401(k) Contact Center: 888-401-5273

## INSTRUCTIONS FOR DESIGNATION OR CHANGING BENEFICIARY

These instructions will assist you in properly completing the Primary and/or Contingent beneficiary Section(s) of the Designation of Beneficiary Form. Under the Plan, if you do not designate a beneficiary and are not married, your beneficiary will be your estate.

- 1. If you don't know your plan name, it should be on the front cover of your enrollment booklet. If you require further assistance, you can contact the Retirement Services Contact Center toll-free at 888-401-5273 for help.
- 2. To designate one person, insert the name and relationship in the spaces provided. If your beneficiary is not related to you, show relationship as "Friend."
- 3. If you wish to name your estate, insert "Estate" in the blank space.
- 4. If you wish to designate a trust, insert the name of the trustees and trust in the blank space using language substantially as follows, and then attach a copy of the trust document:

(a)	[If a lifetime trust] as Trustee, or its successor Trustee, of the Joh		_ as Trustee, or its successor Trustee, of the John E. Jones				
	Trust dated the	_ day of	,, including any amendments to the Trust.				
(b)	[If a trust in your will] To _		as Trustee, or its successor Trustee, of the				
[name of trust, if any] testamentary trust.							
If you wish to designate a custodian for a honoficiary who is a minor, insert the name of the norsen you select as							

5.	If you wish to designate a custodian for a beneficiary who is a minor, insert the name of the person you select as
	custodian using language substantially as follows:

To	as custodian for	(a minor) under the [name of
vour state.	custodian's state, or minor's state Uniform Transfers to Minors Act. Unifor	m Gifts to Minors Act. or similar act

6. If you wish to designate more than one beneficiary, here is the most common example:

Three or more beneficiaries

James O. Jones, brother
Paul A. Jones, brother
Jane A. Smith, sister

- 7. If you maintained an account balance in another qualified plan and those assets were transferred to the Plan in either a trust to trust transfer or a rollover contribution from that plan, any beneficiary designations you may have made under such plan will not be valid under the terms of this Plan.
- 8. Contingent beneficiaries only recieve benefits if all named primary beneficiaries die before you.
- 9. Any designation of a spouse as as Beneficiary shall become null and void upon subsequent dissolution of marriage between the account holder and named ex-spouse.
- 10. Failure to properly indicate the percentage designated to go to any one or more indicated and applicable Beneficiary, or failure of the aggreciated percentages indicated to go to all Beneficiaries in an applicable Beneficiary class (e.g. Primary or Contingent) to equal 100%, will result in the allocation and payment of all funds pro rata amongst all Beneficiaries living at the time of the account holder's death, within the applicable Beneficiary class.
- 11. Should any designated Primary or Contingent Beneficiary predecease you, that Primary or Contingent Beneficiary's award shall be allocated pro rata amongst the remaining living Beneficiaries within the same applicable class of Beneficiaries, if any.

## **Spousal Consent**

If you are married and your spouse is not designated as your primary beneficiary, then your beneficiary designation is invalid without the consent of your spouse. You spouse's consent must be witnessed by a notary public or a plan representative. If you become married after making a Beneficiary designation, such designation shall become null and void upon the occurrence of such subsequent marriage.