062811 Navy Exchange Service Command 401(k) Plan Beneficiary Designation Form

Print Form

___ – __ – ____
Social Security Number

Last Name

First Name

M.I.

Division/Location Code

Date of Hire (M M D D Y Y Y Y)

Plan Entry Date (M M D D Y Y Y Y)

STEP 1 Name Your Primary Beneficiary(ies) (see the attached INSTRUCTIONS)

Name	Address	Social Security #	Date of Birth	Relationship	%

STEP 2 Name Your Secondary Beneficiary(ies) (see the attached INSTRUCTIONS)

Name	Address	Social Security #	Date of Birth	Relationship	%

STEP 3 Sign the Form (complete as appropriate and sign, see the attached INSTRUCTIONS)

Name (please print) and Signature of Employee/Participant

Date:

STEP 4 Return Form to Your Plan Administrator

Privacy Act Statement: Authority for collection of this information is 5 U.S.C. 6311 and E.O. 9397. The purpose for which this information will be used is to verify eligibility to participate in and process claims under the Navy Exchange Service Command 401(K) Plan. Disclosure is voluntary. However, failure to provide this information may result in denial of eligibility and / or delays in processing benefit claims.

062811 Navy Exchange Service Command 401(k) Plan Beneficiary Designation Form Instructions

STEP 1 Name Your Primary Beneficiary(ies) (You may wish to consult an attorney or tax advisor before designating any beneficiaries)

- Please designate the beneficiaries who will receive your Plan assets if you die while a balance remains in your account.
- You may designate more than one Primary Beneficiary, indicating the percentage share for each Primary Beneficiary. If you do not specify percentage shares, payments will be made equally to all surviving Primary Beneficiaries. (You may attach additional sheets to add additional beneficiaries.)
- The total percentage shares of all Primary Beneficiaries must equal 100%. If the total does not equal 100%, any remaining portion (or shortfall) will be allocated (or taken) equally from all surviving Primary Beneficiaries.
- If a Primary Beneficiary does not survive you, his/her percentage share will be divided equally among the surviving Primary Beneficiaries (unless you specify otherwise).

Example: *Mary Smith, 123 Main St., Anytown NH, 777-77-7777, 01/01/1937, Mother, 50%*
John Smith, 456 High St., Somewhere MA, 666-66-6666, 11/11/1935, Father, 50%

STEP 2 Name Your Secondary Beneficiary(ies)

- Designate the beneficiaries who will receive your Plan assets if no Primary Beneficiaries are living at the time of your death.
- You may designate more than one Secondary (or "Contingent") Beneficiary, indicating the percentage share for each Secondary Beneficiary. If you do not specify percentage shares, payments will be made equally to all surviving Secondary Beneficiaries. (You may attach additional sheets to add additional beneficiaries.)
- The total percentage shares of all Secondary Beneficiaries must equal 100%. If the total does not equal 100%, any remaining portion (or shortfall) will be allocated (or taken) equally from all surviving Secondary Beneficiaries.
- If a Secondary Beneficiary does not survive you, his/her percentage share will be divided equally among the surviving Secondary Beneficiaries (unless you specify otherwise).

Example: *John Jones, 789 Elm St. Anytown NH, 888-88-8888, 08/08/1988, Son, 50%*
Jennifer Jones, 789 Elm St. Anytown NH, 999-99-9999, 09/09/1989, Daughter, 50%

STEP 3 Sign the Form

Participant Certifications: *By signing the attached BENEFICIARY DESIGNATION FORM, I am certifying under penalty of perjury that the following statements are true*:

- I understand that any balance remaining in my Plan account at the time of my death will be paid to the surviving Primary Beneficiaries I have named. If no Primary Beneficiaries survive me, the remaining balance will be paid to the surviving Secondary Beneficiaries I have named. If no Secondary Beneficiaries survive me, my account balance will be paid according to the terms of the Plan.
- I understand that my beneficiary designations will become effective as soon as I properly complete and file this form. This form will revoke any previous beneficiary designations I may have made.
- I understand that I may change my designated beneficiary(ies) by completing and filing a new BENEFICIARY DESIGNATION FORM before my death.