

**DESIGNATION OF BENEFICIARY FORM**

**Plan Name:** TSSD Deferred Compensation Plan  
**Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Plan Number:** 81397

**Participant Information**

*Note: Instructions to complete this form are attached at the end of this form.*

Name: \_\_\_\_\_  
Last First Middle Initial  
Address: \_\_\_\_\_  
Street  
City State Zip

Marital Status: Single  Married

**Primary Beneficiary**

I understand that if I am married, my spouse shall automatically be my designated Beneficiary unless I elect otherwise and my spouse consents to such election. I hereby designate the following person or persons as primary Beneficiaries of my Account under the Plan payable in the event of my death.

Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Relationship to Participant: \_\_\_\_\_  
Percentage: \_\_\_\_\_

Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Relationship to Participant: \_\_\_\_\_  
Percentage: \_\_\_\_\_

The total of the percentages cannot exceed 100%. When more than one Beneficiary is designated, and no percentage is specified, payment will be made in equal shares to each surviving Beneficiary, or all to the last surviving Beneficiary.

**Contingent Beneficiary**

In the event that there is no living primary Beneficiary at my death, I hereby designate the following person or persons as contingent Beneficiaries of my Account:

Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Relationship to Participant: \_\_\_\_\_  
Percentage: \_\_\_\_\_

Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Relationship to Participant: \_\_\_\_\_  
Percentage: \_\_\_\_\_

The total of the percentages cannot exceed 100%. When more than one Beneficiary is designated, and no percentage is specified, payment will be made in equal shares to each surviving Beneficiary, or all to the last surviving Beneficiary.

***Participant Signature***

I reserve the right to revoke or change any Beneficiary designation. I hereby revoke all my prior designations (if any) of primary and contingent Beneficiaries.

**PARTICIPANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Married Participants please see below:**

Note: The Plan requires a married Participant's spouse to consent to the Designation of Beneficiary if the spouse elected to waive the pre-retirement survivor annuity. Therefore, if you intend to designate more than 50% of your vested Account balance to a primary Beneficiary other than your spouse, then your spouse must consent to waive the pre-retirement survivor annuity on a separate Waiver of Pre-Retirement Survivor Annuity form provided by the Plan Administrator and consent to the Beneficiary Designation below under the Consent of Spouse section. If your spouse fails to consent to either the pre-retirement survivor annuity or the non-spouse Beneficiary designation, then upon your death the Plan will pay the pre-retirement survivor annuity to your surviving spouse and will pay your remaining Account balance, if any, to your designated Beneficiary.

*Please return this form to the Plan Administrator after you have completed it.*

***Employer Authorization***

**Only an authorized signer of the Employer as designated in the Plan's Service Agreement may sign below as the Plan Administrator.**

As Plan Administrator I hereby acknowledge receipt of this form.

**PLAN ADMINISTRATOR**  
**PRINT NAME\*** \_\_\_\_\_

**PLAN ADMINISTRATOR**  
**SIGNATURE (must be an authorized signer)\*** \_\_\_\_\_ **DATE** \_\_\_\_\_

\* Note: The Plan Administrator should both print and sign his/her name in the spaces given.

*The Plan Administrator will maintain possession of this form.*

**Consent of Spouse**

I acknowledge that I am the spouse of the Participant named on the reverse side of this form. I hereby certify that I have read this Designation of Beneficiary Form and understand that I possess a beneficial interest in my spouse's Account under the Plan if I survive him/her. I hereby acknowledge and consent to the Designation of Beneficiary on the reverse side of this form. My consent shall be irrevocable unless my spouse subsequently changes the Designation of Beneficiary. If my spouse changes the designation, {Choose (a) or (b)}:

- (a) I understand I must sign a new consent to the new designation for it to be effective.
- (b) I waive my right to consent to any future change in designation. I understand I have the right to restrict my consent only to the Beneficiary (ies) designated on the reverse side of this form by checking box (a).

I have executed this consent this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Participant's Spouse  
(Must be witnessed by a Plan Representative or a Notary Public)

**Plan Representation**

Signature of spouse witnessed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, in the presence of:

\_\_\_\_\_  
Plan Representative

\_\_\_\_\_  
(Print Name)

**OR**

**Notary Public**

STATE OF \_\_\_\_\_  
(ss.)

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me appeared \_\_\_\_\_ who acknowledged herself or himself to be the person who executed the consent set forth above and acknowledged the consent to be his or her free act and deed.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

*Please return this form to the Plan Administrator after you have completed it.*

## General Instruction

These instructions will assist you in properly completing the Primary and Contingent Beneficiary Section(s) of the Designation of Beneficiary Form.

- (1) 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."
- (2) If you wish to name your estate, insert "Estate" in the blank space.
- (3) If you wish to designate a trust, insert the name of the trustee and trust in the blank space using language similar to the following example:
  - To X Bank as Trustee, or its successor Trustee, of the John E. Jones Trust dated the 26th day of June, 2011, including any amendments to the Trust.
- (4) If you wish to designate more than one Beneficiary - here are the most common examples:
  - Three or more beneficiaries: James O. Jones, brother  
Paul A. Jones, brother  
Jane A. Smith, sister
  - Unborn children: My children living at my death

**Note:** Unless you provide otherwise in completing the Designation of Beneficiary Form, the Trustee will pay all sums payable to more than one Beneficiary equally to the living Beneficiaries.
- (5) Contingent Beneficiaries only receive benefits if all named primary Beneficiaries die before you.

## Spousal Consent

If you are married, the Plan requires payment upon your death of at least 50% of your Account balance to your spouse in the form of a pre-retirement survivor annuity, unless you waive that benefit with your spouse's consent on the separate **Waiver of Pre-Retirement Survivor Annuity** form which can be provided by the Plan Administrator. The remaining amount of your Account, if any, will be payable based upon the instructions listed below. If your spouse has consented to the waiver of the pre-retirement survivor annuity, then he/she must also consent to the designation of a non-spouse primary Beneficiary on the **Designation of Beneficiary** Form. Your spouse's consent must be witnessed by a Plan representative or notary public.

- If you want your spouse to receive 100% of your Account balance, then you should designate your spouse as the primary Beneficiary on the Designation of Beneficiary Form. No spousal consent or waiver of the pre-retirement survivor annuity is required. Your spouse will receive a distribution of your entire Account balance in any form of payment allowed by the Plan.
- If you want more than 50% of your Account balance to be paid to someone other than your spouse, then (1) your spouse must consent to the waiver of the pre-retirement survivor annuity and (2) you must designate the non-spouse Beneficiary on the Designation of Beneficiary Form with the desired percentage and your spouse must consent to this designation.
- If you want your spouse to receive at least 50% of your Account balance in the form of a pre-retirement survivor annuity (or any form of payment allowed by the Plan) and another Beneficiary to receive the remaining amount in your Account upon your death, then you should (1) designate the non-spousal Beneficiary as the primary Beneficiary on the Designation of Beneficiary Form and (2) not waive the pre-retirement survivor annuity. Your spouse's consent to the Beneficiary designation is not required in this case because the spouse is receiving the pre-retirement survivor annuity.