

Instructions

To designate a beneficiary or to change your existing beneficiary designation on a non-annuity plan, complete all applicable sections of this form, obtain any required signatures, and return it to your Plan Administrator. To confirm if your plan is a non-annuity plan, or for a further explanation of pre-retirement survivor benefit requirements, please see your Plan Administrator or call Transamerica at 800-755-5801.

Initial Designation Change of Designation

Section A. Employer Information

Company/Employer Name

Contract/Account No. Affiliate No. Division No.

Section B. Personal Information

Social Security No. Date of Birth (mm/dd/yyyy)

First Name/Middle Initial Last Name

Mailing Address

City State Zip Code

Phone No. Ext.

E-mail Address

Marital Status: Married Single/Divorced

Section C. Primary Beneficiary Designation - Will receive benefits in the event of your death

This designation will apply to the account number above. You must designate a specific percentage for each beneficiary. Shares must be whole percentages and total 100%. If you do not indicate shares, benefits will be split equally among surviving beneficiaries. If the named beneficiary is a trust, please specify the name and date of the trust, and the name of the trustee.

Note: Share of benefits must total 100% for primary beneficiaries. If additional space is needed to designate multiple beneficiaries, complete the Supplemental Beneficiary Designation page.

Share of Benefits: % (whole percentages only) Relationship

Last Name Date of Birth (mm/dd/yyyy)

First Name/Middle Initial Social Security No.

Mailing Address

City State Zip Code

Primary Beneficiary Designation (continued)

Share of Benefits: % (whole percentages only) Relationship

Last Name Date of Birth (mm/dd/yyyy)

First Name/Middle Initial Social Security No.

Mailing Address

City State Zip Code

Section D. Contingent Beneficiary(ies) - Will receive benefits if no primary beneficiary is living at the time of your death

Note: Share of benefits must total 100% for contingent beneficiaries. If additional space is needed to designate multiple beneficiaries, complete the Supplemental Beneficiary Designation page.

Share of Benefits: % (whole percentages only) Relationship

Last Name Date of Birth (mm/dd/yyyy)

First Name/Middle Initial Social Security No.

Mailing Address

City State Zip Code

Share of Benefits: % (whole percentages only) Relationship

Last Name Date of Birth (mm/dd/yyyy)

First Name/Middle Initial Social Security No.

Mailing Address

City State Zip Code

**Section E. Notice and Waiver of Pre-Retirement Survivor Benefit
(for married participants if spouse is not primary beneficiary for 100% of account balance):**

As a plan participant, the law requires that you be informed as to the disposition of your account. In the case of your death before retirement, the plan will pay your full vested account balance to your surviving spouse. However, you may elect to waive the requirement that your death benefit be paid to your surviving spouse. Your spouse must consent in writing to any such waiver. You may revoke any waiver at any time before your death, and, if you desire, make a new election, provided your spouse consents to this new election. If you elect that your spouse is not to be your beneficiary for your full vested account balance (and your spouse has consented), then you may designate a beneficiary of your choosing. If you are not married at the time of your death, the death benefit will be paid to your designated beneficiary.

I have been informed that if I should die prior to my retirement, I have the right to have the full vested account balance in the plan paid to my spouse; that I have the right to waive the designation of my spouse as the beneficiary of all or a portion of my death benefit only if my spouse consents to such waiver; and that I have the right to revoke such waiver at any time without my spouse's consent. I hereby waive the right to have my spouse be the beneficiary of all or a portion of my pre-retirement death benefit. Instead I designate the beneficiary(ies) indicated in Section C.

X _____ **X** _____
Participant Signature Date

Section F. Spousal Consent (if spouse is not primary beneficiary for 100% of account balance)

I consent to my spouse's designation of the beneficiary indicated in Section C. I understand that this means all or a portion of my spouse's death benefit will be paid to a beneficiary other than me, that this beneficiary designation is not valid without my consent, and that my consent is irrevocable unless my spouse revokes the beneficiary designation.

X _____ **X** _____
Spouse Signature Date

WITNESSED

X _____ **X** _____
Plan Administrator or Notary Public Signature and Stamp/Seal Date

Section G. Participant Signature

I certify that the information provided on this form is correct and complete.

X _____ **X** _____
Participant Signature Date

X _____ **X** _____
Print Name Social Security Number

Section H. Plan Administrator Signature

I certify that the information provided on this form is correct and complete, and that any required consents and waivers have been obtained.

X _____ **X** _____
Plan Administrator Signature Date

Supplemental Beneficiary Designations

Social Security No.

First Name/Middle Initial

Last Name

Note: Share of benefits must total 100% for primary beneficiaries (will receive benefits in the event of your death) AND 100% for contingent beneficiaries (will receive benefits if no primary beneficiary is living at the time of your death).

Primary Beneficiary **Contingent Beneficiary**

Share of Benefits: % (whole percentages only)

Relationship

Last Name

Date of Birth (mm/dd/yyyy)

First Name/Middle Initial

Social Security No.

Mailing Address

City

State

Zip Code

Primary Beneficiary **Contingent Beneficiary**

Share of Benefits: % (whole percentages only)

Relationship

Last Name

Date of Birth (mm/dd/yyyy)

First Name/Middle Initial

Social Security No.

Mailing Address

City

State

Zip Code