

Beneficiary Designation 403(b) Plan

e Christian and Mi	ssionary Alliance Retirement Plan	95803-01					
My Information							
For questions regarding	this form, visit the website at empowermyretirement.com or contact Service Provider at 1-866-46	7-7756.					
Use black or blue ink wh	en completing this form.						
Participant Informa	ation						
Account extension, if app transferred to a benefici death, alternate payee participant with multiple a	ary due to participant's	digits)					
Last Name	First Name M.I. Date of Birth	<u>·</u>					
(The name provided MUS	ST match the name on file with Service Provider.)						
☐ Married ☐	Unmarried						
Beneficiary Design	nation (Attach an additional sheet to name additional beneficiaries.)						
Primary Beneficiar	y Designation (Primary beneficiary designations must total 100% - percentage can be made out to	two decimal places.)					
to my beneficiary of							
% of Account Balance	Primary Beneficiary Name Social Security or Taxpayer	Date of Birth					
	(Name of Individual, Trust, Charity, etc.) Identification Number	or Trust Date					
Phone Number (Option	Relationship (Required - If Relationship is not provided, request will be rejected and spart) Spouse □ Child □ Parent □ Grandchild □ Sibling □ My Estate						
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	(Name of Individual, Trust, Charity, etc.) Identification Number	or Trust Date					
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% of Account Balance	Contingent Beneficiary Name Social Security or Taxpayer (Name of Individual, Trust, Charity, etc.) Identification Number	Date of Birth or Trust Date					
()	Relationship (Required - If Relationship is not provided, request will be rejected and	sent back for clarification.)					

ast Name		First Name	M.I.	Social Securi	ity Number	95803-01 Number
Signatures and Conse	nt (Sign	natures must be on the lines prov	vided.)			
Participant Consent fo	r Bene	eficiary Designation (Plea	ase sign on the 'Part	icipant Signature' line	e below.)	
above beneficiary designat beneficiary designations in	tions for my acc	d agree to all pages of this r my vested account in the ex- count and to update the bene that may impact my benefici	vent of my death. eficiary designation	l acknowledge and	I agree that it is n	ny responsibility to monitor t
be allocated to the survivin as specified. If a continger designate beneficiaries, an	ng prima nt bene nounts	eneficiary, the account will be ary beneficiaries. Contingent ficiary predeceases me, his will be paid pursuant to the to or information is missing, addi	t beneficiaries will or her benefit wil erms of the Plan c	receive a benefit of I be allocated to the or applicable law. T	only if there is no ne surviving cont his designation is	surviving primary beneficial ingent beneficiaries. If I fail is effective upon execution a
	ly. Pri m	rior designations. Beneficiari nary and contingent benefi %).				
Important Notice: If I am m signing the Spousal Conse	arried a ent for B	and I elect a primary benefici Beneficiary Designation section	iary other than my on of this form.	spouse or in addit	tion to my spouse	e, my spouse must consent
Any person who pres	ents a	false or fraudulent cla	im is subject to	o criminal and	civil penalties.	
Participant Signatur	re				Date (Reg	uired)
		ired on this form. An elect	ronic signature v			
Spousal Consent for B	Senefic	ciary Designation (If applic	cable, please have th	ne Spouse sign on the	e 'Spouse's Signatu	re' line below.)
Spouse to complete: I, (no	ame of	spouse)	understand its offe	_, the current spou	ise of the participa	ant, hereby voluntarily conse
that I will not receive 100% it. I understand that my co	% of his	spouse)	ance under the Pla	an and that my sp	ouse's election is	not valid unless I consent
that I will not receive 100%	% of his nsent is nce.	or her vested account bala	ance under the Pla	an and that my sp	ouse's election is	s not valid unless I consent tes me to receive 100% of
that I will not receive 100% it. I understand that my color her vested account bala Spouse's Signature	% of his nsent is nce.	or her vested account bala	ance under the Pla use changes the b	an and that my spo peneficiary designa	ouse's election is ation, or designat	s not valid unless I consent tes me to receive 100% of I
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Last Naı	ame	First Name	M.I.	Social Security	Number	95803-01 Number		
Signa	Signatures and Consent (Signatures must be on the lines provided.)							
Autho	orized Plan Administrator Si	ignature (Please sign d	on the 'Authorized Plan	Administrator Signatu	ıre' line below.)			
I accep	I accept the information provided by the participant on this form.							
Authorized Plan Administrator Signature A handwritten signature is required on this form. An electronic signature will not be accepted to the signature of the signature of the signature will not be accepted to the signature of the signature will not be accepted to the signature of the signature will not be accepted to the signature of the sign					_ Date (Requir and will result in	•		
	t Full Name				_			
Delive	Delivery Instructions							
After a	After all signatures have been obtained, this form can be							
Login t	aded Electronically: to account at wermyretirement.com on Upload Documents to submit	Empov PO Bo	Regular Mail to: wer ox 173764 er, CO 80217-3764	OR	Sent Express N Empower 8515 E. Orchard Greenwood Villa			
	wermyretirement.com	PO Bo	x 173764					

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This page is for informational purposes only - Do not return with the Beneficiary Designation form EXAMPLE BENEFICIARY DESIGNATIONS e 1: Multiple Individuals as Beneficiaries

=xa	xample 1: Multiple individuals as Beneficiaries							
В								
	Primary Beneficiary Do	rimary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)						
	to my beneficiary desig • See the attached exam	If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation. See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity						
	or estate.	John M. Doe	XXX-XX-XXXX	01/06/1954				
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date				
	(XXX) XXX-XXXX Phone Number (Optional)		Relationship is not provided, request will be rejected an					
	33.33 %	Don M. Doe	XXX-XX-XXXX	01/06/1954				
	% of Account Balance	Primary Beneficiary	Social Security or Taxpayer	Date of Birth				
		(Name of Individual, Trust, Charity, etc.)	Identification Number	or Trust Date				
	(XXX) XXX-XXXX	• • • •	Relationship is not provided, request will be rejected an					
	Phone Number (Optional)	·	Parent Grandchild Sibling My Esta					
	33.34 %	Michelle L. Doe	XXX-XX-XXXX	01/06/1957				
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date				
	(XXX) XXX-XXXX	• • • •	Relationship is not provided, request will be rejected an					
	Phone Number (Optional)	☐ Spouse ☐ Child ☐	Parent Grandchild Sibling My Esta	ate				
Exa	mple 2: Trust as Ben	eficiary						
В	Beneficiary Designation	on (Attach an additional sheet to name addit	tional beneficiaries.)					
	Primary Beneficiary De	esignation (Primary beneficiary designati	ions must total 100% - percentage can be made out t	to two decimal places.)				
	 If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation. See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate. 							
	100 %	Trust of Jane Doe	XX-XXXXXX	06/30/2015				
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date				
	(XXX) XXX-XXXX		Relationship is not provided, request will be rejected an					
	Phone Number (Optional)	□ Spouse □ Child □	Parent ☐ Grandchild ☐ Sibling ☐ My Esta	ate A Trust Other				
	mple 3: Estate as Bei	neficiary						
В	Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)							
	Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)							
	to my beneficiary desig • See the attached exam	nation.	nary beneficiary for 100% of my account balance, ciary designations if the beneficiary is a non-indiv					
	or estate.	Estate of Anne Doe		1 1				
	% of Account Balance	Primary Beneficiary	Social Security or Taxpayer	Date of Birth				
		(Name of Individual, Trust, Charity, etc.)	Identification Number	or Trust Date				
	(XXX) XXX-XXXX	(Name of Individual, Trust, Charity, etc.)	Identification Number Relationship is not provided, request will be rejected an					

This page is for informational purposes only - Do not return with the Beneficiary Designation form EXAMPLE BENEFICIARY DESIGNATIONS

Example 4: Charity as Beneficiary

В	Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)						
	Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)						
	to my beneficiary design	nary beneficiary for 100% of my account balance ciary designations if the beneficiary is a non-indi	•				
	100 %	ABC Charity	XX-XXXXXX	/ /			
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date			
	(XXX) XXX-XXXX Phone Number (Optional)		Relationship is not provided, request will be rejected a Parent □ Grandchild □ Sibling □ My Es	•			