

- Use the checklist below to help you complete the form on the following page so that we can update your 457(b), 401(a), 401(k), 403(b), IRA and RHS MissionSquare Retirement plan account(s).
- By providing all the necessary information, we can avoid delays and take care of your request as soon as possible.

## COMPLETING THE FORM

### SECTION 1 | YOUR PERSONAL INFORMATION

- Enter your Employer Plan Number and Employer Plan Name, which you can quickly obtain from your quarterly statement or by logging in to your account online at: [www.icmarc.org/login](http://www.icmarc.org/login)
- You must enter your full Social Security Number and Name.
- Enter also your Marital Status to help ensure Spousal Consent requirements are met.

### SECTION 2 | YOUR BENEFICIARY DESIGNATIONS

- For each beneficiary, check either "Primary" or "Contingent."
- Enter at least one primary beneficiary. For each beneficiary, check one "Relationship."
- You may also enter contingent beneficiaries.
- The percentages for your primary and/or contingent beneficiaries must each equal 100%.
- Each individual percent must be a whole number, such as "33%" or "34%" and not a fraction, such as "33<sup>1</sup>/<sub>3</sub>%" or "33.33%."

### SECTION 3 | YOUR SIGNATURE

- Sign and date.

### SECTIONs 4 and 5 | SPOUSAL CONSENT and WITNESS (when required)

- If you are married and do not designate your spouse as primary beneficiary, your spouse may be required to sign and date Section 4 in front of a Notary Public or an employer plan representative (who would complete Section 5) if:
  - 457(b) plans: You live in a Community Property State (*see section 4 for more information*)
  - 401 plans: Plan rules require it (*call MissionSquare at 800-669-7400 to confirm*)
  - 403(b) plans: Plan rules require it (*call MissionSquare at 833-438-4032 to confirm*)

## SENDING THE FORM

Please keep a copy of your completed form for your records.

Mail or fax to:

MAIL:

MissionSquare Retirement  
 Attn: Workflow Management Team  
 P.O. Box 96220  
 Washington, DC 20090-6220

FAX:

MissionSquare Retirement  
 Attn: Workflow Management Team  
 (202) 682-6439

**Please Note:** You only need to complete this form if your beneficiary designation requires spousal consent. See Section 4 to see if this applies to you.

In the event of your death, your designated beneficiary(ies) will be entitled to any assets remaining in your account. Please provide all of the requested information for each beneficiary – this information will help MissionSquare Retirement locate your beneficiaries if necessary. **You can always update your beneficiary information online by following the instructions below.**

Designating beneficiaries for your account is important:

- Your designation helps to ensure assets will be paid out according to your wishes and will not be subject to the potential costs and delays of probate, as well as creditor claims. If all of your primary beneficiaries are no longer living at the time of your death, benefits will be paid to your contingent beneficiaries.
- Your beneficiaries may receive more tax advantages.

**Percent of Benefit Information** – If you provide percentages that do not total 100%, or provide non-whole numbers, your designations will be invalid. However, if no percentages are provided for any beneficiary designations, the benefit will be allocated equally among all beneficiaries.

**Trust Beneficiaries** – If you name a trust as your primary or contingent beneficiary, you must submit a complete copy of your entire trust document with this form.

### Update Beneficiary Information Online

- Log in to MissionSquare's Account Access at: [www.icmarc.org/login](http://www.icmarc.org/login)
- Go to the Manage My Account tab and click the My Profile link.
- Click the Beneficiaries link.
- Click the Update Beneficiaries button and enter your beneficiary information.

### Married Participants

If you do not designate your spouse as the primary beneficiary for your account, your spouse may be required to consent to your beneficiary designation. Please review the additional information in the Spousal Consent section (Section 4) of the form.

- **VantageTrust Retirement IncomeAdvantage Fund Investors** – To Lock-In and receive spousal benefits from the Fund, your spouse must be designated as the primary beneficiary for 100% of your account, both at the time you Lock-In the benefit and at the time of your death. Additional information is available in the VantageTrust Retirement IncomeAdvantage Fund Important Considerations document, available online or by contacting MissionSquare at 800-669-7400.

### Fax or Mail the Completed Form to MissionSquare

If you fax the form to MissionSquare, there is no need to send it to us by mail. Completion of page 2 is only required if your beneficiary designation requires spousal consent.

*FAX:*

MissionSquare Retirement  
 Attn: Workflow Management Team  
 (202) 682-6439

*MAIL:*

MissionSquare Retirement  
 Attn: Workflow Management Team  
 P.O. Box 96220  
 Washington, DC 20090-6220

***Please keep a copy of completed form for your records.***

- Use this form to designate beneficiaries for your employer-sponsored retirement plan with MissionSquare Retirement.
- **You only need to complete this form if your beneficiary designation requires spousal consent.** Otherwise, you may update your beneficiary information quickly and securely via Account Access at: [www.icmarc.org/login](http://www.icmarc.org/login)
- **Spousal Consent** – If you are married and do not designate your spouse as primary beneficiary for your account, your spouse may be required to consent to your designation by signing Section 4 of this form. Please refer to Section 4 for additional information.

**1 PERSONAL INFORMATION**

|                            |                           |                         |   |
|----------------------------|---------------------------|-------------------------|---|
| EMPLOYER PLAN NUMBER:      | EMPLOYER PLAN NAME:       | STATE:                  | MARITAL STATUS:<br><input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE |
| SOCIAL SECURITY NUMBER:    | DATE OF BIRTH: MM/DD/YYYY | PREFERRED PHONE NUMBER: | EMAIL ADDRESS:  |
| FULL NAME: LAST, FIRST, MI |                           |                         |   |

**2 BENEFICIARY DESIGNATION**

- Update your beneficiary designations and/or designate additional beneficiaries at any time via Account Access at: [www.icmarc.org/login](http://www.icmarc.org/login)
- Your "Primary" beneficiary(ies) must total 100% and your "Contingent" beneficiary(ies) if applicable must also total 100%.
- Use whole percentages only (e.g., 50%, not 33.33% or 33<sup>1</sup>/<sub>3</sub> %).
- Check one "Beneficiary Type" and one "Relationship" for each beneficiary. Failure to do so may result in your designation being invalid.

|   |  |                         |                            |
|---|--|-------------------------|----------------------------|
| BENEFICIARY TYPE: <input checked="" type="checkbox"/> PRIMARY | RELATIONSHIP: CHECK ONE <input type="checkbox"/> SPOUSE <input type="checkbox"/> NON-SPOUSE <input type="checkbox"/> TRUST* <input type="checkbox"/> CHARITY |                         |                            |
| FULL NAME: LAST, FIRST, MI                                    | DATE OF BIRTH: MM/DD/YYYY  | SOCIAL SECURITY NUMBER: | % OF BENEFIT: WHOLE % ONLY |

|  |  |                         |                            |
|--|--|-------------------------|----------------------------|
| BENEFICIARY TYPE: <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT | RELATIONSHIP: CHECK ONE <input type="checkbox"/> SPOUSE <input type="checkbox"/> NON-SPOUSE <input type="checkbox"/> TRUST* <input type="checkbox"/> CHARITY |                         |                            |
| FULL NAME: LAST, FIRST, MI   | DATE OF BIRTH: MM/DD/YYYY  | SOCIAL SECURITY NUMBER: | % OF BENEFIT: WHOLE % ONLY |

|  |  |                         |                            |
|--|--|-------------------------|----------------------------|
| BENEFICIARY TYPE: <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT | RELATIONSHIP: CHECK ONE <input type="checkbox"/> SPOUSE <input type="checkbox"/> NON-SPOUSE <input type="checkbox"/> TRUST* <input type="checkbox"/> CHARITY |                         |                            |
| FULL NAME: LAST, FIRST, MI   | DATE OF BIRTH: MM/DD/YYYY  | SOCIAL SECURITY NUMBER: | % OF BENEFIT: WHOLE % ONLY |

|  |  |                         |                            |
|--|--|-------------------------|----------------------------|
| BENEFICIARY TYPE: <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT | RELATIONSHIP: CHECK ONE <input type="checkbox"/> SPOUSE <input type="checkbox"/> NON-SPOUSE <input type="checkbox"/> TRUST* <input type="checkbox"/> CHARITY |                         |                            |
| FULL NAME: LAST, FIRST, MI   | DATE OF BIRTH: MM/DD/YYYY  | SOCIAL SECURITY NUMBER: | % OF BENEFIT: WHOLE % ONLY |

|  |  |                         |                            |
|--|--|-------------------------|----------------------------|
| BENEFICIARY TYPE: <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT | RELATIONSHIP: CHECK ONE <input type="checkbox"/> SPOUSE <input type="checkbox"/> NON-SPOUSE <input type="checkbox"/> TRUST* <input type="checkbox"/> CHARITY |                         |                            |
| FULL NAME: LAST, FIRST, MI   | DATE OF BIRTH: MM/DD/YYYY  | SOCIAL SECURITY NUMBER: | % OF BENEFIT: WHOLE % ONLY |

**\*Trust Beneficiaries** – You must submit a copy of your entire trust document with the enrollment form if you desire the beneficiaries of the trust to be treated as designated beneficiaries for the purpose of determining required minimum distributions.

Designate additional beneficiaries online after your account is established, or write "see attached sheet" and attach and sign a separate piece of paper with your name, plan number, Social Security number, and the additional beneficiary information.

**3 PARTICIPANT SIGNATURE**

|                              |                        |
|------------------------------|------------------------|
| Participant Signature: _____ | Date: MM/DD/YYYY _____ |
|------------------------------|------------------------|

|                       |                         |   |
|-----------------------|-------------------------|---|
| EMPLOYER PLAN NUMBER: | SOCIAL SECURITY NUMBER: | FULL NAME: <small>LAST, FIRST, MI</small> |
|-----------------------|-------------------------|---|

**4 SPOUSAL CONSENT**

**Community Property States** (AZ, CA, ID, LA, NV, NM, TX, WA, or WI) – A participant living in a community property state must designate his/her spouse as the primary beneficiary for at least 50% of the account, unless the spouse waives his/her right by consenting to an alternative beneficiary designation. By signing below, you (the participant's spouse) are consenting to the benefit percentage specified below and the participant's beneficiary designation(s) on page 1 of this form.

**401 Defined Contribution/403(b) Retirement Plans** – Many 401/403(b) plans require that a married participant designate his/her spouse as the primary beneficiary for 100% of the account, unless the spouse waives his/her right by consenting to an alternative beneficiary designation. By signing below, you are consenting to the benefit percentage specified below and the participant's beneficiary designation(s) on page 1 of this form.

**State Law** – MissionSquare makes this form available as a means of helping participants satisfy state law requirements relating to beneficiary designations. MissionSquare is not responsible for a participant's failure to properly designate a beneficiary in accordance with state law. Failure to satisfy state law requirements may result in a beneficiary designation being invalidated, and benefits being paid in accordance with state law.

**Spousal Consent and Acknowledgement** – By signing below, I agree to waive my beneficiary rights in my spouse's retirement plan account, and consent to 1) receive the benefit percentage specified below, and 2) the beneficiary designation on page 1 of this form. I understand this waiver will result in some or all of my spouse's death benefit being paid to someone other than me. I further understand that future changes to my spouse's beneficiary designations will not be valid unless I consent to any such changes.

**Spouse Benefit Percentage** (whole % only): \_\_\_\_\_% (This percentage should match the percentage, if any, specified on page 1 of the form. Write "0" if applicable.)

Participant Signature: \_\_\_\_\_

Date: MM/DD/YYYY \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

**5 WITNESS**

- For 457(b) deferred compensation plans, a Notary Public is required to witness the spouse signature for the above spousal consent to be valid in a community property state.
- For 401 defined contribution plans, the above spousal consent must be witnessed by either an authorized employer plan representative or a Notary Public.
- For 403(b) retirement plans, the above spousal consent must be witnessed by either an authorized employer plan representative or a Notary Public.

**Employer's Plan Representative**

Employer Signature: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

Title: \_\_\_\_\_

Date: MM/DD/YYYY \_\_\_\_\_

**Notary Public**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ (month), 20\_\_\_\_\_.

Notary Public's Signature: \_\_\_\_\_

My commission expires: MM/DD/YYYY \_\_\_\_\_

Photographically reproducible  
Notary Seal or Stamp

**KEEP ONE COPY OF THE FORM FOR YOUR RECORDS.**