

**IUE-CWA 401(k) Retirement Savings and Security Plan
BENEFICIARY DESIGNATION FORM (Plan# 651794)**



Initial Designation Change of Designation

- Use this form to name a beneficiary to receive any benefits payable under the plan in the event of your death.
- You should review your beneficiary designation any time your marital status changes. You may change your beneficiary at any time by filing a new Beneficiary Designation Form.
- Your choices on this form may affect your taxes. You may want to consult a tax or financial advisor.
- Please return your completed form to the Plan office:
2001 E. 3rd Street, Bloomington, IN 47401.
PHONE: 812.671.0690, Fax: 812-671-9696
- **Do not return this form to Transamerica.**

1. Participant Information Please print clearly in **CAPITAL LETTERS**.
(To be filled out by Participant)

_____-_____-_____- _____-_____-_____-
Social Security Number Date of Birth (MM-DD-YYYY)

Employer Name

_____-_____-_____- _____-_____-_____- _____
Last Name First Name MI

_____-_____-_____- _____ _____ _____
Address City State Zip Code

_____- _____-_____-_____-
Gender Original date employed (MM-DD-YYYY)

(_____-_____-_____-) (_____-_____-_____-) _____
Daytime Telephone Number Evening Telephone Number E-mail Address

2. Marital Status
I certify that I am:

Married. (If you are married, your spouse must complete the "Spousal Consent" section if you name anyone other than your spouse as a primary beneficiary.)

Not Married. (If you later marry, your new spouse will automatically become the sole primary beneficiary, unless you complete a new Beneficiary Designation Form.)

3. Beneficiary Designation
Primary Beneficiary Designation

I name the following primary beneficiary(ies) to receive any amounts payable to me under the plan at my death (check only one):

My spouse (as of my date of death) as sole primary beneficiary

The following primary beneficiary(ies)

Primary Beneficiary(ies) Name	Social Security No.	Date of Birth MM-DD-YYYY	Relationship ("None" if not related)	Benefit %
1.		- -		%
2.		- -		%
3.		- -		%

Secondary Beneficiary Designation (optional)

I also name the following secondary beneficiary(ies) to receive benefits if I am not survived by any primary beneficiary (*complete only if you want to name secondary beneficiary(ies)*):

Secondary Beneficiary(ies) Name	Social Security No.	Date of Birth MM-DD-YYYY	Relationship ("None" if not related)	Benefit %
1.		- -		%
2.		- -		%
3.		- -		%

If you name two or more primary beneficiaries or two or more secondary beneficiaries, your benefits will be divided equally among the surviving primary or secondary beneficiaries (whichever applies), unless you indicate otherwise in the "Benefit %" columns. **Make sure the benefit percentages you list total 100%.** If any of your primary or secondary beneficiaries dies before you do, your benefits will be reallocated among the surviving primary or secondary beneficiaries (whichever applies), in proportion to the percentages you designated for them. If necessary, you may use a separate sheet to list additional beneficiaries and attach it to this form.

4. Participant Signature

I name the beneficiary(ies) indicated above and revoke any previous beneficiary designation made under the plan.

Signature of Participant

Today's Date (MM-DD-YYYY)

5. Spousal Consent

I am the spouse of the participant whose signature appears above. I understand that I have the right to all of my spouse's vested account in the plan after my spouse dies. I agree to give up that right and to have that amount paid to the beneficiary(ies) named above. I understand that my spouse cannot change the name of any beneficiary in the future unless I consent to the change. I understand that by signing this Spousal Consent, I may receive less money than I would have received if I had not signed this Spousal Consent, and I may receive nothing from the plan after my spouse dies. I understand that I do not have to sign this Spousal Consent. I am signing this Spousal Consent voluntarily. I understand that if I do not sign this Spousal Consent, then I will receive my spouse's vested account under the plan when my spouse dies.

Signature of Spouse

Today's Date (MM-DD-YYYY)

WITNESSED:

Signature of Notary Public (*stamp or seal required*)

Date (MM-DD-YYYY)

My commission expires: _____