

403(b) BENEFICIARY DESIGNATION/CHANGE REQUEST

SECTION 1: Request Type

Select all that apply:

- New Beneficiary Designations
- Replace Beneficiary Designations
- Remove All Beneficiary Designations

Note: If there is no valid beneficiary information designated, your beneficiary will be determined under the provisions of your Employer's 403(b) Plan document.

SECTION 2: Account Information

Name _____

Date of Birth _____ Social Security Number _____

Trust Company Account Number _____ Account Type _____

SECTION 3: Beneficiary(ies), if applicable

Important: The information provided on this form will replace all existing primary and contingent beneficiary designations.

A. BENEFICIARY(IES)

I hereby designate the following person(s) as my beneficiary(ies).

Note: The beneficiary(ies) must be named on this form. For example, the terms 'spouse' or 'children' are not acceptable designations for "Beneficiary Name". Refer to Section 3 in "General Instructions" for additional requirements.

1. **Select:** Primary Contingent

i. Beneficiary Name _____
ii. Relationship (select one): Spouse Other: _____

iii. Date of Birth _____ iv. Social Security Number _____ v. % Share _____

2. **Select:** Primary Contingent

i. Beneficiary Name _____
ii. Relationship (select one): Spouse Other: _____

iii. Date of Birth _____ iv. Social Security Number _____ v. % Share _____

3. **Select:** Primary Contingent

i. Beneficiary Name _____
ii. Relationship (select one): Spouse Other: _____

iii. Date of Birth _____ iv. Social Security Number _____ v. % Share _____

4. **Select:** Primary Contingent

i. Beneficiary Name _____
ii. Relationship (select one): Spouse Other: _____

iii. Date of Birth _____ iv. Social Security Number _____ v. % Share _____

Trust Company Account Number(s)

SECTION 3: Beneficiary(ies) Continued, if applicable

5. **Select:** Primary Contingent

i. Beneficiary Name _____
ii. Relationship (select one): Spouse Other: _____

iii. Date of Birth _____ iv. Social Security Number _____ v. % Share _____

6. **Select:** Primary Contingent

i. Beneficiary Name _____
ii. Relationship (select one): Spouse Other: _____

iii. Date of Birth _____ iv. Social Security Number _____ v. % Share _____

Additional beneficiary information provided

B. SPOUSAL CONSENT

Select one: [] Non-Married [] Married

If you are married and your spouse is not designated as SOLE primary beneficiary, he or she must sign below consenting to your beneficiary designation. Note: Your spouse must also consent to subsequent change of beneficiary designation if the spouse is not the sole primary beneficiary.

By signing below, I certify that I understand and consent to the beneficiary designation included in Section A, without regard to whether I survive or predecease my spouse. This consent is irrevocable unless my spouse changes the beneficiary designation.

Signature of Spouse Date

SECTION 4: Signature and Date

This primary and/or contingent beneficiary designation supersedes any previous primary and/or contingent beneficiary designation for the account listed in Section 1 or, if removing all beneficiary designations, your beneficiary will be determined under the provisions of my Employer's 403(b) Plan document.

Account Holder Signature Date

Printed Name

By signing below, I direct Trust Company of America to associate this Beneficiary Designation with the above-named account.

Administrator Signature Date

Print Employer Name

– End of Form –



403(b) BENEFICIARY DESIGNATION/CHANGE REQUEST

General Instructions

Use these instructions to complete a 403(b) Beneficiary Designation/Change Request form.

Purpose of this form: This form is required to designate, replace, or remove beneficiaries on a 403(b) account. **THIS FORM SHOULD BE USED ONLY IF YOUR EMPLOYER'S 403(b) PLAN DOES NOT PROVIDE A SEPARATE BENEFICIARY DESIGNATION.** In addition, this form will not be accepted to designate, replace, or remove beneficiaries from IRAs, Transfer on Death (TOD) accounts, employer sponsored retirement plan accounts, or other non-IRA accounts.

You must **complete all required fields** to expedite processing and to avoid requests for additional information. All fields are required as outlined in detail in these instructions.

Print or type all entries. To type entries, a fillable PDF of this form can be found online at www.trustamerica.com/advisor-forms.

Unknown information. If information is requested and you do not know where to obtain the requested information, contact your Investment Advisor or client representative for direction.

Section 1: Request Type

Check the appropriate box to indicate the type of action you want to take.

Important: If you wish to remove all beneficiaries from your account, check the 'Remove All Beneficiary Designations' box. If no valid beneficiary information is designated for your account, your beneficiary will be determined under the provisions of your employer's 403(b) Plan document.

Section 2: Account Information

Enter the account information.

Account type. The account type must match the account number. If it does not match, the form will not be accepted. You can find the correct account type on the first page of your statement or online on the first page of our TCAccess account inquiry application.

Section 3: Beneficiary(ies), if applicable

A. Beneficiary(ies)

Enter all primary beneficiary(ies) and contingent beneficiary(ies) information for the account listed in Section 2. For each entry, check the appropriate box to indicate if the designated beneficiary is a primary or contingent beneficiary. *Note: Do not complete this section if you have elected to remove all beneficiary designations.*

Important: The information provided on this form supersedes and replaces all existing primary and contingent beneficiary designations. You must provide a complete listing of both the primary beneficiary designations and if applicable, the contingent beneficiary designations, not just additions or deletions to the previous designations.

Note:

- *The beneficiary must be an individual, trust, or entity. The beneficiary must be named on this form. For example, the terms 'spouse' or 'children' are not acceptable designations for "Beneficiary Name".*
- *Beneficiary names provided without the social security number will be maintained on file. These names will not be displayed in your online account inquiry application.*

- *If more than one beneficiary is designated, each asset in the account will be divided based on the percent of account balance designation upon the account owner's death.*

Important: If you do not name your spouse as the sole primary beneficiary or if you currently live in a community property state (or ever lived in a community property state while you were married), you may want to have your tax or legal advisor review your beneficiary designation.

Percent of account balance. The percent of account balances must add up to 100% for the designated primary beneficiaries and 100% for the designated contingent beneficiaries. If the percentages do not add up to 100%, Trust Company will assume the beneficiaries will receive equal shares.

Note: If any primary or contingent beneficiary dies before the account owner, their interest and the interest of their heirs will terminate completely. The percentage of account balance of any remaining primary beneficiaries will be increased proportionately. If no primary beneficiaries survive the account owner, the contingent beneficiaries will acquire the account at their designated percentages.

More than four beneficiaries. If you would like to designate additional beneficiaries, please check the box and attach one or more sheets with additional beneficiary information..

Trust as beneficiary. To designate a trust as a beneficiary, enter the beneficiary information as follows.

Beneficiary Name. Provide the full legal title of the trust. Include a list of all trustees and the date of the trust.

Social security number. Provide the Tax Identification Number (TIN) or the social security number for the trust.

Percent of account balance. Provide the percentage allocated to the trust.

Note: If the Tax Identification Number (TIN) for a trust is the same as another beneficiary's social security number, the beneficiary information for the trust will be maintained on file. The trust will not be displayed in your online account inquiry application.

Note: Beneficiary information can be provided and/or modified at any time by completing and signing a subsequent 403(b) Beneficiary Designation/Change Request form.

B. Spousal Consent

Check the appropriate box to indicate your marital status. If you are married and your spouse is not designated as the primary beneficiary, the signature of your spouse is required in this section.

Section 4: Signature and Date

Read over the signature section carefully, then sign and date the form.

The administrator of the employer 403(b) Plan associated with your account must also sign and date this form in the space provided.

Return your completed form as instructed by your Investment Advisor or your client representative. Questions regarding this form should be directed to your Investment Advisor.