

BENEFICIARY DESIGNATION

To the Trustee of _____ (“Plan”):

Re: _____, Participant

Pursuant to the provisions of the Plan permitting the designation of a beneficiary or beneficiaries by a participant, I hereby designate the following person or persons as primary and secondary beneficiaries of my Account Balance under the Plan payable by reason of my death:

Primary Beneficiary(ies) [include address and relationship]:*

Contingent Beneficiary(ies) [include address and relationship]:*

- *Notes to Participant: Trust beneficiary.* If you name a trust as a beneficiary, you also must satisfy additional documentation requirements no later than your “required beginning date.” The Plan Administrator will provide you with the additional forms you must complete.

[Effect of divorce. A divorce decree or a decree of legal separation automatically revokes a designation of your spouse as a beneficiary, unless the decree or a qualified domestic relations order provides otherwise.]

I RESERVE THE RIGHT TO REVOKE OR CHANGE ANY BENEFICIARY DESIGNATION. I HEREBY REVOKE ALL PRIOR DESIGNATIONS (IF ANY) OF PRIMARY BENEFICIARIES AND CONTINGENT BENEFICIARIES.

The Trustee will pay all sums payable under the Plan by reason of my death to the primary beneficiary, if he or she survives me, and if no primary beneficiary survives me, then to the contingent beneficiary, and if no named beneficiary survives me, then the Trustee will pay all amounts in accordance with the Plan. I understand that, unless I have provided otherwise above, the Trustee will pay all sums payable to more than one beneficiary equally to the living beneficiaries.

Date of this Designation

Signature of Participant

IF YOU ARE MARRIED, SEE THE REVERSE SIDE OF THIS FORM FOR APPLICABLE SPOUSAL CONSENT REQUIREMENTS.

Note: The Beneficiary Designation is invalid without the consent of your spouse unless your spouse is the sole beneficiary or, under a prior beneficiary designation, your spouse waived the right to consent to any change in the beneficiary designation.

1 This notice is consistent with Section 8.01 of the PPD GUST-approved defined contribution prototype plan and Section 6.2(f) of the Corbel GUST-approved defined contribution prototype plan. The practitioner should modify or delete this sentence if necessary to conform to the employer’s plan document.

