



Beneficiary Designation
401(a) Plan

State of Colorado Defined Contribution Retirement Plan

98991-03

Participant Information

Form fields for Participant Information including Last Name, First Name, MI, Social Security Number, E-Mail Address, and Account Extension options.

Plan Beneficiary Designation

This designation is effective upon execution and delivery to the Plan Administrator/Trustee. If I name more than one beneficiary in either category, the surviving beneficiaries in that category will share equally unless otherwise indicated.

This designation supercedes all prior designations. Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally.

Primary Beneficiary

Table with 5 columns: #, % of Account Balance, Social Security Number, Primary Beneficiary Name, Relationship, Date of Birth. Rows #1, #2, #3.

Contingent Beneficiary

Table with 5 columns: #, % of Account Balance, Social Security Number, Contingent Beneficiary Name, Relationship, Date of Birth. Rows #1, #2, #3.

Spousal Consent

I hereby consent to the participant's beneficiary designation and understand its effect. I understand that by providing such consent I am waiving my right to receive a survivor annuity which would be payable to me upon the participant's death.

SEAL

Signature lines for Spouse's Signature, Date, Notary Public's Signature, and Date.

Required Signature

I have completed, understand and agree to all pages of this Beneficiary Designation form. I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC").

Participant Signature and Date lines, with instruction: Participant forward to Plan Administrator/Trustee

