

FORM 02: PARTICIPANT BENEFICIARY DESIGNATION

Designate the individuals whom you wish to receive your account balance under the FCMM Retirement Plan upon your death. This form must be completed by all participants. Please send the completed form to FCMM and keep a copy for your records.

STEP 1: PERSONAL INFORMATION

Participant's Full Legal Name: _____

Social Security Number (Last 4 digits): _____ Birthdate: _____

Marital Status: Single Married Divorced Widowed

STEP 2: PRIMARY BENEFICARY DESIGNATION(S)

Notwithstanding the above, **your current (and future) marital status has significant impact on your legal beneficiary under the terms of the Plan.** If you are currently single and marry at a future date, your new spouse will automatically become your Primary Beneficiary subject to the requirements in the Plan document.

A participant's divorce shall revoke any beneficiary designation in favor of the participant's spouse made prior to the divorce. Until a new beneficiary designation form is filed with FCMM, benefits will be payable as if the former spouse had predeceased the participant.

If you designate your estate as your Primary or Contingent Beneficiary, and you die prior to commencing benefits under the Plan, your entire Plan account will be paid to your estate within **5** years from the date of your death. You should consult your tax or estate planning advisor before designating your estate as your Primary or Contingent Beneficiary.

Spouse as PRIMARY Beneficiary

If you are married, your spouse must be the sole Primary Beneficiary with a 100% designation unless your spouse approves otherwise, signs the waiver on page 2, and has his or her signature notarized.

To My Spouse _____, if living at the time of my death. **Designation:** _____ %*
(Spouse's Full Legal Name)

Spouse's SSN: _____ Spouse's Birthdate: _____

Other(s) as PRIMARY Beneficiary(s) (Complete only if spouse is **not** sole Primary Beneficiary)

If you are married and your spouse is **not** the sole Primary Beneficiary with a 100% designation, your spouse must approve "Other(s) as PRIMARY Beneficiaries", sign the waiver on page 2, and have his or her signature notarized.

Name: _____ SSN: _____ Birthdate: _____ Designation: _____ %*

Address: _____ Relationship: _____

Name: _____ SSN: _____ Birthdate: _____ Designation: _____ %*

Address: _____ Relationship: _____

Name: _____ SSN: _____ Birthdate: _____ Designation: _____ %*

Address: _____ Relationship: _____

Please choose Per Stirpes or Per Capita to apply to the "Other(s) as PRIMARY Beneficiary(s)" listed above:

- Per Stirpes:** Any deceased Primary Beneficiary's share shall pass to his/her children OR
- Per Capita:** Any deceased Primary Beneficiary's share shall be divided equally among my surviving Primary Beneficiaries.

***Total of all Primary Beneficiary designations must equal 100%.**

FORM 02: PARTICIPANT BENEFICIARY DESIGNATION (PAGE 2)

STEP 3: CONTINGENT BENEFICIARY(S) (Completion of Parts A-C is Required)

Part A

In the event the Primary Beneficiary does not survive you, your account balance will be divided among the Contingent Beneficiaries per your designations below. Total Designations must equal 100%.

- I would like to indicate my children named in Part B and my future lawful living children, as my CONTINGENT Beneficiary(s)
- Default Designation: Equal Shares
 - Other Designation (must indicate designation percent per person in Part B below)
- I would like to indicate the individual(s) named in Part B as my CONTINGENT Beneficiary(s)
- Default Designation: Equal Shares
 - Other Designation (must indicate designation percent per person in Part B below)

Part B

Please complete the information below for each **CONTINGENT Beneficiary**. Designated share of benefit will be "equal shares" for all Contingent Beneficiaries, unless otherwise specified. **Attach an additional page if needed.**

Name: _____ SSN: _____ Birthdate: _____ Designation: _____%*

Address: _____ Relationship: _____

Name: _____ SSN: _____ Birthdate: _____ Designation: _____%*

Address: _____ Relationship: _____

Name: _____ SSN: _____ Birthdate: _____ Designation: _____%*

Address: _____ Relationship: _____

** If specifying share of benefit, the total of all Contingent Beneficiary designations must equal 100%*

Part C - Please choose Per Stirpes or Per Capita to apply to the CONTINGENT Beneficiary(s) listed in Part B:

- Per Stirpes:** Any deceased Contingent Beneficiary's share shall pass to his or her children **OR**
- Per Capita:** Any deceased Contingent Beneficiary's share shall be divided equally among my surviving Contingent Beneficiaries.

STEP 4: SIGNATURE

- I certify that I am NOT married I certify that I am married

Signature

Date

STEP 5: SPOUSAL CONSENT & NOTARIZATION (if applicable)

*(This step is only required if you are married and your spouse is **not** the sole Primary Beneficiary with a 100% designation.)*

I, _____, consent to the beneficiary designation made by my spouse. I understand with

Printed Name of Participant's Spouse

this consent that I hereby waive the payment of any survivor death benefit available to me under this Plan unless a new designation is completed and delivered to FCMM.

Spouse Signature: _____ **Date:** _____

Printed Name Notary Public: _____ **Notary Public's Signature:** _____

Notary Date & Seal: _____

Your beneficiary designation is subject to the terms of the Plan and is not effective until accepted and approved by FCMM.
A copy of FCMM's Privacy Notice can be found at fcmmbenefits.org

Please submit this completed form to FCMM by mail, fax, or secure file exchange. (Please keep a copy for your records.)

Mail:
FCMM Benefits & Retirement
901 East 78th Street
Minneapolis, MN 55420

Secure File Exchange: <https://fcmmbenefits.leapfile.net/>

Fax: (952) 853-8474

201901