

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: DESIGNATE YOUR PRIMARY BENEFICIARY

Please note the following when making your Primary Beneficiary Designations:

- **Your current (and future) marital status has a 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 name an entity [e.g. charity or trust] as a beneficiary, your account balance payable to that beneficiary will be distributed in the form of a single lump sum as soon as administratively feasible, but no later than 12/31 of the year following your death.

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.

Spouse Name _____ SSN: _____ Birthdate: _____ Designation: _____ %*
 (Spouse's Full Legal Name)

Other(s) as PRIMARY Beneficiary(s) Attach a separate page if needed.

• 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.

Trust as PRIMARY Beneficiary

When naming a Trust as your beneficiary, FCMM requires receipt of this Form 02 and applicable pages of the Trust document – including the cover/title page, named Trustee, and signature page. If you are the trustee of your own trust, you must provide the name and address of the successor trustee.

Name of Trust as it appears on the Trust Document: _____ Trust Date: _____

Trustee Name: _____ Trustee Address: _____

Successor Trustee Name: _____ Successor Trustee Address: _____

Charity as PRIMARY Beneficiary

Full Legal Name: _____ Tax Identification Number: _____

Address: _____

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STEP 3: CONTINGENT BENEFICIARY(S) - *Completion 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)

- I would like to indicate the **Trust and/or Charity named in Part B as my CONTINGENT Beneficiary**

Part B

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

Child(ren) or Other Individual(s) as CONTINGENT Beneficiary

• Name: _____ SSN: _____ Birthdate: _____ Designation: _____%*
Address: _____ Relationship: _____

• 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 CONTINGENT Beneficiary(s) listed in Part B (will not apply to Trust or Charity)

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.

Trust as CONTINGENT Beneficiary Designation: _____%*

When naming a Trust as your beneficiary, FCMM requires receipt of this Form 02 and applicable pages of the Trust document – including the cover/title page, named Trustee, and signature page. If you are the trustee of your own trust, you must provide the name and address of the successor trustee.

Name of Trust as it appears on the Trust Document: _____ Trust Date: _____

Trustee Name: _____ Trustee Address: _____

Successor Trustee Name: _____ Successor Trustee Address: _____

Charity as CONTINGENT Beneficiary Designation: _____%*

Full Legal Name: _____ Tax Identification Number: _____

Address: _____

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STEP 4: SIGNATURE

Your beneficiary designation is subject to the terms of the Plan and is not effective until accepted and approved by FCMM.

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

Signature (Electronic signatures NOT accepted) Date

STEP 5: SPOUSAL CONSENT & NOTARIZATION (if applicable)

NOTE: This step is only required if you are married and your spouse is not the sole Primary Beneficiary.

I, _____, consent to the beneficiary designation made by my spouse. I
Printed Name of Participant's Spouse

understand with 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: _____

STEP 6: FORM SUBMITTAL

Please submit this completed form to FCMM using one of the methods noted below, preferably using our Secure File Exchange.

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

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

Questions? Contact FCMM Client Services at fcmm@fcmmbenefits.org or (800)995-5357

A copy of FCMM's Privacy Notice can be found at fcmmbenefits.org

Depositor #: _____ Received Date: _____ Processed by: _____ Processed Date: _____