Beneficiary Designation for Death Benefits Form

TheStandard®

West Carroll Health Systems LLC 401(k) Plan
#815863

See reverse for instructions and explanation.

PARTICIPANT ***Complete this section (and Spouse section, if necessary), and submit to your employer***

Name of Participant

Social Security Number | Date of Birth

I have read the explanation on the back of this form. I understand that if I am married and die before I retire, my Plan Benefits will be paid to my spouse. However, I have the right to waive payment to my spouse as sole beneficiary, provided my spouse consents to the waiver. I can revoke this waiver at any time. This designation replaces any previous designation.

100% of the benefits will be paid to the Primary Benficiar(ies). Contingent beneficiaries receive benefits only if all PrimaryBeneficiaries predecease you.

I designate as my beneficiar(ies) for benefits from this plan:

% of proceeds for Primary Beneficiaries must total 100%

Name of Primary Beneficiary *(please print)* | Social Security Number
Relationship | Date of Birth | % of Proceeds
Current Address

Name of Primary Beneficiary *(please print)* | Social Security Number
Relationship | Date of Birth | % of Proceeds
Current Address

Name of Primary Beneficiary *(please print)* | Social Security Number
Relationship | Date of Birth | % of Proceeds
Current Address

% of proceeds for Contingent Beneficiaries must total 100%

Name of Contingent Beneficiary (*please print)* | Social Security Number
Relationship | Date of Birth | % of Proceeds
Current Address

Name of Contingent Beneficiary (*please print)* | Social Security Number
Relationship | Date of Birth | % of Proceeds
Current Address

Name of Contingent Beneficiary (*please print)* | Social Security Number
Relationship | Date of Birth | % of Proceeds
Current Address

I am ☐ married ☐ unmarried

If I am married and have designated someone other than my spouse as my beneficiary, this designation will be effective only if my spouse consents to it by signing in the spouse section below.

X _____ _____

Participant Signature | Date

Please complete additional information on the other side

SPOUSE

SPOUSE ***Complete this section if the participant designated a non-spouse beneficiary above. Your signature must be witnessed by a Plan Representative or Notary Public.***

I have read the explanation below. I understand that my consent is irrevocable unless my spouse revokes that election.

I consent to the beneficiary designation made by the participant. I understand that if the participant dies prior to retirement, any benefits under the Plan will be paid to the designated beneficiary.

_____ **x** _____

Name of Spouse *(please print)* Signature of Plan Administrator or Notary Public Date

x_____ _____

Spouse Signature Date Title

PLAN REPRESENTATIVE *Complete this section if there is no Spouse signature*

I, _____, state that it has been established to my satisfaction that spousal consent to this election cannot be obtained because there is no spouse, the spouse cannot be located, or other circumstances make obtaining such spousal consent impossible.

X_____ _____ _____

Plan Representative Signature Title Date

INSTRUCTIONS

- Participant must complete the “Participant” Section, and if necessary, have his or her spouse complete the “Spouse” Section.

- The participant should then return the form to the employer who will complete the “Plan Representative” Section, if applicable, and keep the completed form on file for future reference.

EXPLANATION OF DEATH BENEFIT

MARRIED PARTICIPANTS

If you die before you retire, your retirement plan provides that any plan benefits to which you are entitled will be paid to your surviving spouse. Your surviving spouse is the spouse to whom you were married throughout the one-year period ending on your date of death.

However, if your spouse consents in writing, you may designate a beneficiary other than your spouse to receive the benefits. Your spouse's consent must be witnessed by the Plan Administrator or the Plan Administrator's representative or by a Notary Public.

You may not change your beneficiary designation without your spouse's written consent.

You may revoke your election at any time. To make a new election, you must again obtain your spouse's written consent.

UNMARRIED PARTICIPANTS

You may designate a beneficiary to receive any benefits to which you are entitled if you die before you retire.
If you marry after completing this form, your beneficiary designation election may no longer be valid and your spouse may be entitled to the benefits described above for married participants.

IF YOUR MARITAL STATUS CHANGES OR IF YOU HAVE ANY QUESTIONS ABOUT THIS EXPLANATION, PLEASE CONTACT THE PLAN ADMINISTRATOR.

Please keep a copy of this form for your records