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BENEFICIARY FORM

A. PARTICIPANT INFORMATION (REQUIRED)

NAME: _____
FIRST MIDDLE INITIAL LAST

DMBA ID NUMBER: _____ BIRTH DATE (MM/DD/YYYY): _____

PRIMARY TELEPHONE: _____ ALTERNATE TELEPHONE: _____

MARITAL STATUS: MARRIED WIDOWED SINGLE (NEVER MARRIED) SEPARATED DIVORCED

B. PARTICIPANT AUTHORIZATION (REQUIRED)

PARTICIPANT SIGNATURE: _____ DATE: _____

C. SPOUSAL CONSENT WAIVER (IF APPLICABLE)—See the back page for more information.

| | | |
|---|------|--------------|
| If you're married and you choose a primary beneficiary other than or in addition to your spouse—including a trust—your spouse must give consent according to federal regulations.* Your signature must be witnessed by a notary public or an authorized DMBA representative. | | NOTARY STAMP |
| SPOUSE SIGNATURE | DATE | |
| NOTARY PUBLIC OR DMBA REPRESENTATIVE SIGNATURE | DATE | |
| <i>For waiver to be valid, spouse signature date and notary date must be the same.</i> | | |

D. BENEFICIARY DESIGNATION

If you want to designate different beneficiaries for each plan, you must complete a separate form for each plan. Please include your name, DMBA ID number, date, and signature.

CHECK BOX FOR ALL PLAN(S) THAT APPLY (REQUIRED):

LIFE BENEFIT PLANS

- GROUP TERM LIFE
- SUPPLEMENTAL GROUP TERM LIFE
- 24-HOUR ACCIDENTAL DEATH & DISMEMBERMENT

SAVINGS PLANS

- DESERET 401(K) PLAN
- RETIREMENT PLUS PLAN

RETIREMENT PLANS

- RETIREE GROUP TERM LIFE*
- RETIREE SUPPLEMENTAL GROUP TERM LIFE*
- MASTER RETIREMENT PLAN*

** You cannot preselect your beneficiaries. Available only on or after you apply for retirement.*

LIST ALL BENEFICIARIES: Beneficiary payments are paid from the most recent, valid beneficiary designation. To name more beneficiaries, use the back of this page. To designate a trust as a beneficiary, see the back of this page.

- All primary beneficiaries share equally All alternate beneficiaries share equally

| DESIGNATION (REQUIRED) | FULL GIVEN NAME OF BENEFICIARY (REQUIRED) | RELATIONSHIP (REQUIRED) | BIRTH DATE (REQUIRED) | CONTACT PHONE # | % OF BENEFIT |
|--|---|-------------------------|-----------------------|-----------------|--------------|
| <input type="checkbox"/> PRIMARY <input type="checkbox"/> ALTERNATE | | | | | |
| <input type="checkbox"/> PRIMARY <input type="checkbox"/> ALTERNATE | | | | | |
| <input type="checkbox"/> PRIMARY <input type="checkbox"/> ALTERNATE | | | | | |
| <input type="checkbox"/> PRIMARY <input type="checkbox"/> ALTERNATE | | | | | |
| <input type="checkbox"/> PRIMARY <input type="checkbox"/> ALTERNATE | | | | | |

BENEFICIARY DESIGNATION continued (designate a trust as a beneficiary or list additional beneficiaries)

| DESIGNATION (REQUIRED) | FULL GIVEN NAME OF BENEFICIARY (REQUIRED) | RELATIONSHIP (REQUIRED) | BIRTH DATE (REQUIRED) | CONTACT PHONE # | % OF BENEFIT |
|--|---|-------------------------|-----------------------|-----------------|--------------|
| <input type="checkbox"/> PRIMARY <input type="checkbox"/> ALTERNATE | | | | | |
| <input type="checkbox"/> PRIMARY <input type="checkbox"/> ALTERNATE | | | | | |
| <input type="checkbox"/> PRIMARY <input type="checkbox"/> ALTERNATE | | | | | |
| <input type="checkbox"/> PRIMARY <input type="checkbox"/> ALTERNATE | | | | | |
| <input type="checkbox"/> PRIMARY <input type="checkbox"/> ALTERNATE | | | | | |

| DESIGNATION (REQUIRED) | NAME OF TRUST (REQUIRED) | DATE OF TRUST (REQUIRED) | CONTACT PHONE # | % OF BENEFIT |
|--|--------------------------|--------------------------|-----------------|--------------|
| <input type="checkbox"/> PRIMARY <input type="checkbox"/> ALTERNATE | | | | |

E. IMPORTANT INFORMATION TO KNOW WHEN NAMING YOUR BENEFICIARIES

- **Types of Beneficiaries**

- Primary: Person to receive benefits when you die.
- Alternate: Person to receive benefits when you die if the primary beneficiary is deceased.

- **If you name multiple primary or multiple alternate beneficiaries**, benefits will be split equally, unless otherwise noted on the form. If you're allocating the percentage of benefit, please verify that the total for primary beneficiaries equals 100% and the total for alternate beneficiaries equals 100%.

- **If you name minor children as beneficiaries**, we must have legal guardianship papers for each child at the time of your death if they are unmarried and younger than 18. This could mean legal expenses for the beneficiary and delay benefit payments. Please consider this when naming your beneficiaries.

- **Spousal Consent Waiver**

- Deseret 401(k) Plan, Retirement *PLUS* Plan: Required if you're married and choose a primary beneficiary other than—or in addition to—your spouse, including a trust.*
- Master Retirement Plan
 - Life with 10, 15, or 20-year Certain payment options: Required if you're married and choose a primary beneficiary other than—or in addition to—your spouse, including a trust.*
 - Life with 50%, 75%, 100%, or Reduced Survivor Benefit payment options: Not required. Your beneficiary must be someone other than your spouse.
- Life Benefit Plans (Group Term Life, Supplemental Group Term Life, Occupational Accidental Death & Dismemberment, and 24-Hour Accidental Death & Dismemberment): Not required.

- **When you die**, DMBA will contact your primary beneficiary to request additional information, including a death certificate.

** If you're married, the law requires your spouse to be your primary beneficiary. But you may choose a beneficiary other than or in addition to your spouse with your spouse's written, notarized consent. If you don't have a valid beneficiary designation on file when you die, the Qualified Preretirement Survivor Annuity (QPSA) benefit will be in effect. From the QPSA, 100% of your benefit or account balance will be paid to your current spouse. A more detailed explanation of the QPSA is available upon request.*