



Liberty Cash Balance Pension Plan

Pre-Retirement Beneficiary Designation

Part I. Employee Information

Participant Name

Social Security Number

Part II. Death Benefits For Married Participants

If you die prior to commencing payment of your Plan benefit and are survived by your spouse, then your surviving spouse may elect to receive either:

- A single lump sum amount equal to your Plan account balance, or
- A lifetime monthly survivor benefit equal to the actuarial equivalent of 50 percent of the lifetime benefit you would have received as of the date of your death, with the remainder of the lifetime benefit to be received in either a lump sum or additional monthly benefit.

Waiver of Spouse Benefit: You may designate a non-spouse beneficiary to receive payment of your Plan benefits but your spouse **must** consent to such designation by completing **Part VI** below, witnessed before a notary public.

Part III. Death Benefits For Non-Married Participants

If you die prior to commencing payment of your Plan benefit and are not married (or if your spouse has consented to the below designation in Part VI), then your designated beneficiary will receive:

- A single lump sum amount equal to your Plan account balance.

Part IV. Designation of Beneficiaries

PRIMARY BENEFICIARIES

Full Legal Name		
Percentage of Benefit (must equal 100%)		
Social Security Number		
Date of Birth		
Relationship		
Mailing Address		
Phone Number		

If no primary beneficiary listed above survives me, I direct that my Plan benefit be distributed upon my death to the contingent beneficiary(ies) listed below.

CONTINGENT BENEFICIARIES

Full Legal Name		
Percentage of Benefit (<i>must equal 100%</i>)		
Social Security Number		
Date of Birth		
Relationship		
Mailing Address		
Phone Number		

Trust Beneficiary: If you choose to name a trust as a primary and/or contingent beneficiary, please describe the trust by the name of the present trustee, the name of the trust (if any) and the date of the trust. Example: "John Davis (or his successor), as Trustee of the Davis Family Trust dated December 1, 1994."

In the event no primary or contingent beneficiary survives you or you fail to complete this Beneficiary Designation Form, all your accounts under the Plan will be distributed upon your death to your estate. In the event a primary beneficiary does not survive you, such primary beneficiary's share shall be distributed pro rata to the surviving primary beneficiary or beneficiaries. If any primary beneficiary survives you but fails to survive distribution of his or her entire share, then the remaining portion of such primary beneficiary's share shall be distributed to such primary beneficiary's estate. All stated percentages must add up to 100%. If not, distributions shall be made proportionately based upon the percentages you state. This paragraph shall also apply to contingent beneficiaries.

Part V. Employee Signature

I hereby designate the above beneficiaries with respect to my Plan benefit. I understand that this election may be revoked, and another election made, at any time prior to my date of death. I certify that on the date of this election I am:

- ☐ Married.
- ☐ Unmarried. I understand that if I marry after the date of this Beneficiary Designation, my spouse will automatically be the beneficiary of my entire Plan benefit unless I obtain my spouse's consent to the designation of a beneficiary other than my spouse.

Participant (Print)

Date

Signature

Part VI. Consent of Spouse

This consent must be signed before a Notary Public and must be completed if a married participant has chosen a beneficiary other than their spouse to receive survivor benefits.

I declare that I am the husband or wife of the participant named above and that I consent to the foregoing Beneficiary Designation to receive my spouse's benefits under the Plan, in the event of his or her death. I acknowledge that by this consent, I am waiving my right to receive benefits from the Plan in the event I survive my spouse. Finally, I understand that if, after the date of this consent, my spouse changes the Beneficiary Designation shown on this form, my consent will no longer be valid. Otherwise, after I have given my consent, I cannot withdraw or revoke it.

Spouse (Print)

Date

Signature

NOTARY WITNESS:

The signature above has been subscribed and sworn to before me this ____ day of _____, 20____.

Notary Public: _____

[SEAL]

State of: _____

Commission Expires: _____
