

El Camino Hospital Cash Balance Plan

Beneficiary Designation for Pre-Retirement Death Benefit

Information About You:

Name: _____ Social Security Number: _____
Address: _____ Daytime Phone Number: _____
Evening Phone Number: _____
E-mail: _____ Marital Status: _____ Date of Birth: _____

Beneficiary Designation Requirements:

Before completing this Beneficiary Designation, you must read the ***Explanation of Pre-Retirement Death Benefit*** so that you understand the rules for designating beneficiaries to receive your vested benefits in the event you die before you commence or receive your benefits. A Social Security number or tax identification number must be provided for each beneficiary.

Primary Beneficiary Information: *This section is mandatory. If more than one beneficiary is named, the beneficiaries will share equally unless otherwise specified in the "Percentage" column.*

I hereby designate the following person, people, or trust as my primary beneficiary(ies), and I hereby revoke any previous designations.

Name (provide full name)	Social Security Number	Relationship	Gender	Percentage*
1.				
Street Address	City, State Zip	Date of Birth	Email	Phone

Name (provide full name)	Social Security Number	Relationship	Gender	Percentage*
2.				
Street Address	City, State Zip	Date of Birth	Email	Phone

Name (provide full name)	Social Security Number	Relationship	Gender	Percentage*
3.				
Street Address	City, State Zip	Date of Birth	Email	Phone

***Total Percentage must equal 100%**

If additional space is necessary, please attach a sheet of paper with your name, SSN, and beneficiary information as outlined above.

Contingent Beneficiary Information: *This section is optional. If more than one beneficiary is named, the beneficiaries will share equally unless otherwise specified in the "Percentage" column.*

If all my primary beneficiary(ies) die before my vested benefits are distributed, I hereby designate the following person, people, or trust as my contingent beneficiary(ies).

Name (provide full name)	Social Security Number	Relationship	Gender	Percentage*
1.				
Street Address	City, State Zip	Date of Birth	Email	Phone

Name (provide full name)	Social Security Number	Relationship	Gender	Percentage*
2.				
Street Address	City, State Zip	Date of Birth	Email	Phone

Name (provide full name)	Social Security Number	Relationship	Gender	Percentage*
3.				
Street Address	City, State Zip	Date of Birth	Email	Phone

***Total Percentage must equal 100%**

If additional space is necessary, please attach a sheet of paper with your name, SSN, and beneficiary information as outlined above.

Conditions

I certify that I have read the ***Explanation of Pre-Retirement Death Benefit***. I understand that if a beneficiary designated above dies before me, the share which he/she would have received shall be paid to the sole remaining beneficiary or divided among the remaining designated beneficiaries, in proportion to the percentages that apply to such remaining beneficiaries. If no designated beneficiary survives me, any benefits payable by reason of my death shall be payable as described in the Plan. I acknowledge that my elections on this form replace any other elections that I previously made. I understand that if I am married and I designated a non-spouse beneficiary, my spouse must consent in writing in the "Spousal Consent" section below for my designation to be valid. I also understand that if I am married and I designate a non-spouse beneficiary prior to my attaining age 35, I must complete a new Beneficiary Designation on or after the first day of the calendar year in which I reach age 35 and my spouse must consent again to such designation. If I do not complete a new form on or after January 1 of the calendar year that I reach age 35, my spouse will automatically become my sole beneficiary. I understand this form must be postmarked and mailed to the Plan Administrator prior to the time of my death to be valid.

Participant Authorization

Marital Status (check one): ☐ Single ☐ Married** ☐ Divorced ☐ Legally Separated

Participant Signature: _____ Date: _____

**** IF YOU ARE MARRIED AND DESIGNATED ANY BENEFICIARY OTHER THAN YOUR SPOUSE TO RECEIVE ANY PORTION OF YOUR BENEFIT, YOUR SPOUSE MUST COMPLETE THE "SPOUSAL CONSENT" SECTION OF THIS FORM BELOW.**

To the Spouse of the Participant Filing This Beneficiary Designation *Please read very carefully.*

1. If I am the spouse of the participant in the Plan, what rights do I have to benefits after the participant dies?

If the participant is vested when he or she dies, you are automatically entitled to receive benefits from the Plan following the participant's death. You may receive a monthly Surviving Spouse's Pension each month until your death or you may elect to receive a lump sum payment of the participant's vested benefit.

2. Can the participant designate other beneficiaries to receive his or her vested benefit?

Only if you consent to such designation. Your right to receive the participant's vested benefit is protected by federal law. This right cannot be taken away unless you agree to give it up. If you agree, the participant can elect to have all or part of the vested benefit paid to someone else. The person the participant chooses to receive his or her vested benefit is called the "beneficiary." For example, if you agree, the participant can have his or her vested benefit paid to his or her children instead of to you.

3. Am I required to give up my right to the participant's vested benefit?

No. It is your personal decision whether you want to give up your right to the vested benefit. Your decision must be voluntary.

4. Can the participant change the beneficiary designation in the future if I sign this form?

If you sign this form, the participant cannot change the beneficiary(ies) named on this form to anyone other than you. If the participant wants to change the beneficiary(ies) designated above, he or she will have to complete a new form and you will have to sign the new form.

5. Can I change my mind after I sign this agreement?

No. You cannot withdraw your consent after you sign this agreement. Your decision is final.

6. What happens to the consent I sign today if I later become separated or divorced from the participant?

Legal separation or divorce may end your right to the participant's vested benefit, even if you do not sign your consent. However, if you become legally separated or divorced, you might be able to get a special court order (which is called a qualified domestic relations order or "QDRO") that specifically protects your rights to the vested benefit. If you are thinking about separating or getting a divorce, you should seek legal advice on your rights to benefits from the Plan.

Spousal Consent

If the participant is married and designated someone other than, or in addition to, the spouse as a Primary Beneficiary, the participant's spouse MUST consent below for the designation to be effective.

As the legal spouse of the above-named participant, I have read and understand the information on this form. I understand that my spouse, as the participant, cannot change the designation of any beneficiary in the future unless I agree to the change. I understand that if I do not sign this form and my spouse dies after becoming vested in benefits from the Plan, I will receive my spouse's vested benefits. I further understand that by signing this form, I may receive less money than I would have received if I had not signed this form, and I may receive nothing from the Plan after the participant dies. I acknowledge that I do not have to sign this form. I am signing this form voluntarily. I hereby consent to my spouse's designation of the beneficiary(ies) shown on the first page of this form. I understand that I cannot revoke this consent once I sign this form.

Spouse's Signature: _____

Date: _____

Witness by Notary

This section must be notarized if the spousal consent section is completed.

The foregoing spousal consent was signed before me, a Notary Public in and for Said County and State, on the date entered below.

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal at _____
(County) (State)

This _____ day of _____,
(Day) (Month) (Year)

(Notary Public Signature) _____

My commission expires: _____
(Month, Day, Year)

Return completed form to:

El Camino Hospital Retirement Service Center
110, West Berry Street, Suite LL-041
Fort Wayne, IN 46802-2317

Any questions? Please call the **El Camino Hospital Retirement Service Center at 1-855-890-5736**. Service Representatives are available to speak to you Monday through Friday between the hours of 6:00 AM and 5:00 PM Pacific Time.

El Camino Hospital Cash Balance Plan

Explanation of Pre-Retirement Death Benefit

To: All Participants in the El Camino Hospital Cash Balance Plan with a Cash Balance Benefit

If you die after becoming vested in your benefit under the El Camino Cash Balance Plan (the "Plan") but before you begin receiving your retirement benefits, a pre-retirement survivor benefit will be paid to your spouse or beneficiary.

Married Participants:

If you are married on the date of your death, your spouse is automatically your sole beneficiary. He or she will receive the value of your cash balance account in the form of a monthly annuity for his or her lifetime (a "Surviving Spouse's Pension") unless he or she waives the Surviving Spouse's Pension and elects a lump sum payment of your cash balance account.

If you want to waive the Surviving Spouse's Pension and designate someone other than your spouse as a primary beneficiary to receive some or all of your vested benefit, federal pension law requires that your spouse consent in writing to your beneficiary designation. Without your spouse's consent, your designation of any beneficiary other than your spouse (a "non-spouse beneficiary") will be invalid and any non-spouse beneficiary will receive 0% of your vested benefit and your spouse will receive 100% of your vested benefit.

Your spouse's consent must be made in writing by signing the spousal consent section of the beneficiary designation form in the presence of a notary public. Non-spouse beneficiaries can only receive a lump sum payment of the pre-retirement death benefit. You would waive the Surviving Spouse's Pension if you name a non-spouse beneficiary.

According to federal pension law, if you complete your beneficiary designation before the year in which you reach age 35, you will have to complete a new beneficiary designation on or after January 1 of the year you reach age 35 and your spouse will have to consent again to your designation of any non-spouse beneficiary. If you do not complete a new beneficiary designation on or after January 1 of the year you reach age 35, your spouse will automatically become the sole beneficiary of your vested benefit again. The Plan Administrator will send you a new beneficiary designation form just before the calendar year in which you will turn 35. You also may request a new beneficiary designation form at any time.

If you are married and want your spouse to receive 100% of your vested benefit under the Plan, you are not required to complete a beneficiary designation. However, you may want to complete one to name a contingent beneficiary in case your spouse dies before you do, or you become divorced.

Unmarried Participants:

If you are not married on the date of your death, your vested benefit will be paid in a lump sum to your designated beneficiary. If you have not designated a beneficiary or if none of your designated beneficiaries survive you, your vested benefit will be paid as follows:

- If you have a domestic partner whom you have registered with the Plan, your vested benefit will be paid to such domestic partner.

- If you do not have a domestic partner but you have surviving children, your vested benefit will be split in equal parts to your surviving children.
- If you do not have a domestic partner or any surviving children, your vested benefit will be paid to your estate.

If you get married after completing a beneficiary designation as an unmarried person, the beneficiary designation will become invalid and your spouse will automatically become your sole beneficiary, as explained above. Once you are married, if you want to designate anyone other than your spouse to receive any portion of your vested benefit, you must complete a beneficiary designation. You should review the section above for "Married Participants."