

# Co-op 401(k) Plan DESIGNATION OF BENEFICIARY FORM

**Please read instructions and important beneficiary information prior to completing the beneficiary form.**

## INSTRUCTIONS

After you complete the form, log on to [millimanonline.com](http://millimanonline.com) and enter your beneficiary information if you want it stored on the website, OR you may make a copy of this form for your records, then forward the original to: Benefits Service Center, Milliman, Inc. 3800 American Blvd, Suite 400, Minneapolis, MN 55431.

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Marital Status:  Single  Married

Date of Marriage: \_\_\_\_\_

**ATTACH SEPARATE LIST IF YOU HAVE ADDITIONAL BENEFICIARIES**

**In the event of my death while a participant in the Co-op 401(k) Plan, I hereby designate the following as my beneficiary(ies) to whom my benefits shall be paid.**

### Complete the following to designate your PRIMARY BENEFICIARY(ies)

| 1)                | Name  | Social Security No. | Date of Birth | Relationship | Percentage  |
|-------------------|-------|---------------------|---------------|--------------|-------------|
|                   | _____ | _____               | _____         | _____        | %           |
|                   | _____ | _____               | _____         | _____        | %           |
|                   | _____ | _____               | _____         | _____        | %           |
| <b>MUST TOTAL</b> |       |                     |               |              | <b>100%</b> |

### Complete the following to designate your SECONDARY BENEFICIARY(ies)

| 1)                | Name  | Social Security No. | Date of Birth | Relationship | Percentage  |
|-------------------|-------|---------------------|---------------|--------------|-------------|
|                   | _____ | _____               | _____         | _____        | %           |
|                   | _____ | _____               | _____         | _____        | %           |
|                   | _____ | _____               | _____         | _____        | %           |
| <b>MUST TOTAL</b> |       |                     |               |              | <b>100%</b> |

Unless otherwise indicated, payment should be made in the indicated percentage to any Primary Beneficiary who survives me. If no Primary Beneficiary survives me, payment should be made in the indicated percentage to the Secondary Beneficiary(ies) who survive me. If none of the named beneficiaries should survive me, the benefits should be paid in the manner provided in the Plan or, if there is no applicable plan provision, to my estate. Effective on the date this designation is received and processed by the Milliman Benefits Service Center, it supersedes and cancels all previous designations of beneficiaries made by me under the Plan. I reserve the right to change this designation at any time by filing a new designation.

**I understand that the designation of any Primary Beneficiary other than my spouse is null and void unless my spouse consents to the designation by signing below. I understand that any consent by my spouse shall be effective only with respect to such spouse, and that if I remarry and wish to name a nonspousal beneficiary, I will need the consent of my new spouse.**

### To Be Completed Only If Your Spouse Is *NOT* Sole Primary Beneficiary

As the spouse of the above-named participant, I understand that I am entitled to his/her benefit under the plan(s) if he/she should die prior to receiving such benefit. I hereby voluntarily waive any right to such benefit and consent to the designation of the above-listed party(ies) as my spouse's Primary and/or Secondary Beneficiary(ies) under the plan(s). **Spouse's signature must be acknowledged by a Notary Public.**

\_\_\_\_\_  
Signature of Spouse

The Signature of Spouse was acknowledged before me on \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
State of

\_\_\_\_\_  
My Commission Expires

### YOUR SIGNATURE — I authorize the election as set forth above.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date