

DESIGNATION OF BENEFICIARY FOR FORMER YMCA EMPLOYEES

For faster service, you may name, review, and update your beneficiary(ies) on the Fund's website at www.yretirement.org. Simply log in to your account and go to *Beneficiary Information* under the *Features* menu.

This beneficiary designation is for the Pre-Retirement Death Benefit. If you designate: 1) a person—provide their full name, address, Social Security number, and birth date; 2) an organization—provide its full corporate name and address; 3) a trust—submit a copy of the trust document; 4) an estate—submit a copy of the document indicating the executor. If you do not designate a beneficiary or none of your designated beneficiaries survive you, benefits will be paid to the default beneficiary determined under the terms of the YMCA Retirement Fund plans at the time of your death. Beneficiaries will be given equal shares if no percentages are indicated. A beneficiary cannot be listed as both primary and contingent.

This form may not be valid unless it is completed without erasures or alterations. This form MUST be notarized. Faxes and copies will not be accepted. Your request will not be processed until the YMCA Retirement Fund receives the properly completed form.

1. YOUR INFORMATION

First Name	Middle	Last Name
Home Street Address	City	State
Home Phone	Mobile	Email
		Zip <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
		Social Security Number <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>

2. PRIMARY Beneficiary(ies) – The total percentage amount must equal 100%

I designate the individual(s) and/or entity(ies) below as my primary (and contingent) beneficiary(ies) for my YMCA Retirement Fund plan benefits and hereby revoke any (and all) prior beneficiary designation(s) made by me.

In the event of your death, the primary beneficiary(ies) will receive the proceeds of your account(s) in the percentages you have listed. If a primary beneficiary dies before you, his or her interest and the interest of his or her heirs will terminate. The share of any remaining primary beneficiary(ies) will be increased proportionately based on the percentage amount awarded to the primary beneficiary by the participant, unless you indicate otherwise by submitting a new designation of beneficiary form.

Name	Address	Relationship	Social Security #	Birth Date	% Amount
					_____ %
					+ _____ %
					+ _____ %
					+ _____ %
					= 100%

3. CONTINGENT Beneficiary(ies) – The total percentage amount must equal 100%

The contingent beneficiary(ies) will receive the designated shares of your account(s) **only if** all primary beneficiaries have predeceased you, meaning that all of the primary beneficiaries have died. If a contingent beneficiary dies before you, his or her interest and the interest of his or her heirs will terminate. The share of any remaining contingent beneficiary will be increased proportionately based on the percentage amount awarded to the contingent beneficiary by the participant.

Name	Address	Relationship	Social Security #	Birth Date	% Amount
					_____ %
					+ _____ %
					+ _____ %
					= 100%

ASR-8 FORMER (11/18)



4. YOUR MARITAL STATUS

A spouse has certain rights under the law and the plans. Inform the Fund immediately of any changes to your marital status. If you marry or remarry, you must update your beneficiary designation at that time.

Indicate your marital status:

Single

Divorced

(If you divorced during your YMCA employment and have not already done so, please submit a copy of your divorce decree to the Fund, including your separation or property settlement agreement that concerns your YMCA Retirement Fund account(s)).

Widowed

(If you became widowed during your YMCA employment and have not already done so, please submit a copy of your spouse's death certificate to the Fund.)

Married

If you wish to designate less than 100% of your benefits to your spouse, your spouse must complete the *Spousal Consent to Waiver of Qualified Pre-Retirement Survivor Annuity* on page 3 in the presence of a notary public.

5. SIGNATURE WITH NOTARIZATION

This section must be signed in the presence of a notary public.

I understand that I may change beneficiaries by proper notice to the Fund, and that keeping my beneficiary designation up-to-date is my responsibility. I have read and understood the *Explanation of Qualified Pre-Retirement Survivor Annuity* on page 3. I hereby certify that the foregoing information is true to the best of my knowledge and belief.

PARTICIPANT SIGNS _____

NOTARY SEAL:

NOTARY PUBLIC AS WITNESS:

Subscribed and sworn before me this ___ day of _____, 20__

NOTARY SIGNS _____

State of _____

My Commission Expires _____

Explanation of Qualified Pre-Retirement Survivor Annuity

If you are married and die before you begin receiving retirement benefits, a Qualified Pre-Retirement Survivor Annuity ("QPSA") will be provided to your surviving spouse, unless you elect to waive the QPSA. The QPSA benefit is an annuity for the life of your spouse based on one-half of your account balances as of your death. You may elect to waive a QPSA, only if your spouse consents in writing to that election before a notary public. Your spouse's right to a QPSA benefit cannot be taken away unless he/she agrees to give up that benefit. If your spouse agrees, you can choose to have all or a part of your benefits paid to someone else. You may, if you desire, waive a previous election and make a new election. If your account balance is \$5,000 or less at the time of your death, your surviving spouse will be paid in a single lump sum even if you do not waive the QPSA.

You may waive the QPSA benefit with spousal consent beginning with the first day after which you become a participant in the plan. However, if you waive while you are still an employee of a YMCA and under age 35, the waiver will become invalid the first day of the plan year in which you reach age 35 and your spouse will automatically be entitled to 50% of your account balance(s). If you wish to avoid this, you must update your beneficiary designation at that time.

If you are not married at the time of your death, your designated beneficiary(ies) will be entitled to receive all of your benefits.

If you are married and you wish to designate less than 100% of your benefits to your spouse, your spouse must complete and sign the waiver below in the presence of a notary public.

Spousal Consent to Waiver of Qualified Pre-Retirement Survivor Annuity

I, (name of spouse) _____, am the spouse of _____, a participant in the Retirement Plan and/or the Tax-Deferred Savings Plan. I acknowledge that I have read and understand the *Explanation of Qualified Pre-Retirement Survivor Annuity* (QPSA) above. I understand that the participant has chosen to waive his/her right to a QPSA, which would provide me with an annuity based on one-half of the participant's account balances upon his/her death. I consent to the waiver and acknowledge that if the participant dies before I do, this benefit will not be payable to me and I may not receive any benefit from the plan(s). I am not obligated to sign this form; I am signing it voluntarily.

SPOUSE SIGNS _____

NOTARY SEAL:

NOTARY PUBLIC AS WITNESS:

Subscribed and sworn before me this ___ day of _____, 20___

NOTARY SIGNS _____

State of _____

My Commission Expires _____