

DESIGNATION OF BENEFICIARY FOR THE RETIRED DEATH BENEFIT

If you have chosen the Principal Guarantee option, these will also be your designated beneficiaries unless you submit a separate *Designation of Beneficiary for the Principal Guarantee Annuity Option* form. 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

Name	Middle	Last Name
Home Street Address	City	State Zip
Home Phone	Email	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <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"/> </div> <div style="text-align: center;">-</div> <div style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="text-align: center;">-</div> <div style="text-align: center;"> <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"/> </div> </div>
Social Security Number		

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%



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4. SIGNATURE AND 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 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 _____