

Instructions

To designate a beneficiary or to change your existing beneficiary designation on an annuity plan, complete all applicable sections of this form, obtain any required signatures, and return it to your Plan Administrator. To confirm if your plan is an annuity plan please see your Plan Administrator or call Transamerica at 800-755-5801. For further information, please refer to the Qualified Pre-Retirement Survivor Annuity Explanation.

Initial Designation Change of Designation

Section A. Employer Information

Company/Employer Name

Contract/Account No. Affiliate No. Division No.

Section B. Personal Information

Social Security No. Date of Birth (mm/dd/yyyy)

First Name/Middle Initial Last Name

Mailing Address

City State Zip Code

Phone No. Ext.

E-mail Address

Marital Status: Married Single/Divorced

Section C. Primary Beneficiary Designation - Will receive benefits in the event of your death

This designation will apply to the account number above. You must designate a specific percentage for each beneficiary. Shares must be whole percentages and total 100%. If you do not indicate shares, benefits will be split equally among surviving beneficiaries. If the named beneficiary is a trust, please specify the name and date of the trust, and the name of the trustee.

Note: Share of benefits must total 100% for primary beneficiaries. If additional space is needed to designate multiple beneficiaries, complete the Supplemental Beneficiary Designation page.

Share of Benefits: % (whole percentages only) Relationship

Last Name Date of Birth (mm/dd/yyyy)

First Name/Middle Initial Social Security No.

Mailing Address

City State Zip Code

Primary Beneficiary Designation (continued)

Share of Benefits: % (whole percentages only) Relationship

Last Name Date of Birth (mm/dd/yyyy)

First Name/Middle Initial Social Security No.

Mailing Address

City State Zip Code

Section D. Contingent Beneficiary(ies) - Will receive benefits if no primary beneficiary is living at the time of your death

Note: Share of benefits must total 100% for contingent beneficiaries. If additional space is needed to designate multiple beneficiaries, complete the Supplemental Beneficiary Designation page.

Share of Benefits: % (whole percentages only) Relationship

Last Name Date of Birth (mm/dd/yyyy)

First Name/Middle Initial Social Security No.

Mailing Address

City State Zip Code

Share of Benefits: % (whole percentages only) Relationship

Last Name Date of Birth (mm/dd/yyyy)

First Name/Middle Initial Social Security No.

Mailing Address

City State Zip Code

Section E. Waiver of Qualified Pre-Retirement Survivor Benefit (for married participants if spouse is not primary beneficiary)

I elect to waive all or a portion of the qualified pre-retirement survivor annuity death benefit coverage for my spouse. Instead, I designate the above beneficiary(ies) to receive all or a portion of the benefits upon my death.

X _____ **X** _____
Participant Signature Date

Section F. Spousal Consent (if spouse is not primary beneficiary)

I consent to my spouse's waiver of my rights to all or a portion of the qualified pre-retirement survivor annuity death benefit coverage. I understand that this consent means I may not receive any (or only a portion) of my spouse's retirement benefits under the plan in the event of my spouse's death prior to payment of benefits under the plan. Instead I agree to the above designation of beneficiary(ies) to receive all or a portion of benefits upon my spouse's death. I further understand that if my spouse wishes to change the above beneficiary designation, my written consent will be required.

X _____ **X** _____
Spouse Signature Date

WITNESSED

X _____ **X** _____
Plan Administrator or Notary Public Signature and Stamp/Seal Date

Section G. Participant Signature

I certify that the information provided on this form is correct and complete.

X _____ **X** _____
Participant Signature Date

X _____ **X** _____
Print Name Social Security Number

Section H. Plan Administrator Signature

I certify that the information provided on this form is correct and complete, and that any required consents and waivers have been obtained.

X _____ **X** _____
Plan Administrator Signature Date

Supplemental Beneficiary Designations

Social Security No.

First Name/Middle Initial

Last Name

Note: Share of benefits must total 100% for primary beneficiaries (will receive benefits in the event of your death) AND 100% for contingent beneficiaries (will receive benefits if no primary beneficiary is living at the time of your death).

Primary Beneficiary **Contingent Beneficiary**

Share of Benefits: % (whole percentages only)

Relationship

Last Name

Date of Birth (mm/dd/yyyy)

First Name/Middle Initial

Social Security No.

Mailing Address

City

State

Zip Code

Primary Beneficiary **Contingent Beneficiary**

Share of Benefits: % (whole percentages only)

Relationship

Last Name

Date of Birth (mm/dd/yyyy)

First Name/Middle Initial

Social Security No.

Mailing Address

City

State

Zip Code