



## Beneficiary Designation

### INSTRUCTIONS

To designate a beneficiary or to change your existing beneficiary designation on your plan, complete all applicable sections of this form, obtain any required signatures, and return it to your Plan Sponsor. If you have any questions regarding this form, please contact us at 1-800-755-5801.

### PLAN SPONSOR INFORMATION

Plan Name	FOND DU LAC RESERVATION BUSINESS COMMITTEE		
Contract/Account No.	QK62600	Affiliate No.	00001
		Division No.	

### 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			

**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.**

Type of Beneficiary Designation     Individual     Trust     Estate

Share of Benefits  % (whole percentages only)      Relationship

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

First Name/Middle Initial       Last Name

Name of Trust/Estate

Trustee/Executor

Trust/Estate Tax ID       Effective Date

Mailing Address

City       State       Zip Code

**PRIMARY BENEFICIARY DESIGNATION (CONTINUED)**

Type of Beneficiary Designation     Individual     Trust     Estate

Share of Benefits  % (whole percentages only)      Relationship

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

First Name/Middle Initial       Last Name

Name of Trust/Estate

Trustee/Executor

Trust/Estate Tax ID       Effective Date

Mailing Address

City       State       Zip Code

**CONTINGENT BENEFICIARY - 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.**

Type of Beneficiary Designation     Individual     Trust     Estate

Share of Benefits  % (whole percentages only)      Relationship

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

First Name/Middle Initial       Last Name

Name of Trust/Estate

Trustee/Executor

Trust/Estate Tax ID       Effective Date

Mailing Address

City       State       Zip Code

**CONTINGENT BENEFICIARY DESIGNATION (CONTINUED)**

Type of Beneficiary Designation     Individual     Trust     Estate

Share of Benefits  % (whole percentages only)      Relationship

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

First Name/Middle Initial       Last Name

Name of Trust/Estate

Trustee/Executor

Trust/Estate Tax ID       Effective Date

Mailing Address

City       State       Zip Code

**NOTICE AND WAIVER OF PRE-RETIREMENT SURVIVOR BENEFIT (IF SPOUSE IS NOT PRIMARY BENEFICIARY)**

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As a plan participant, the law requires that you be informed as to the disposition of your account. In the case of your death before retirement, the plan will pay your full vested account balance to your surviving spouse. However, you may elect to waive the requirement that your death benefit be paid to your surviving spouse. Your spouse must consent in writing to any such waiver. You may revoke any waiver at any time before your death, and, if you desire, make a new election, provided your spouse consents to this new election. If you elect that your spouse is not to be your beneficiary for your full vested account balance (and your spouse has consented), then you may designate a beneficiary of your choosing. If you are not married at the time of your death, the death benefit will be paid to your designated beneficiary.

I have been informed that if I should die prior to my retirement, I have the right to have the full vested account balance in the plan paid to my spouse; that I have the right to waive the designation of my spouse as the beneficiary of all or a portion of my death benefit only if my spouse consents to such waiver; and that I have the right to revoke such waiver at any time without my spouse's consent. I hereby waive the right to have my spouse be the beneficiary of all or a portion of my pre-retirement death benefit. Instead, I designate the above beneficiary(ies) to receive all or a portion of the benefits upon my death.

**SPOUSAL CONSENT (IF SPOUSE IS NOT 100% PRIMARY BENEFICIARY)**

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I consent to my spouse's designation of the beneficiary. I understand that this means all or a portion of my spouse's death benefit will be paid to the beneficiary(ies) named in this designation other than me. I further understand that this beneficiary designation is not valid without my consent, and that my consent would be needed again if my spouse wishes to change this beneficiary designation.

X \_\_\_\_\_  
Spouse Signature

X \_\_\_\_\_  
Date

**WITNESSED**

X \_\_\_\_\_  
Notary Public Signature and Stamp/Seal

X \_\_\_\_\_  
Date

**PARTICIPANT SIGNATURE**

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I hereby warrant that all of the statements and information contained in this request/form are true in all respects. I understand that if I have made any false or misleading statements in this request that such statements could result in significant tax consequences and/or other monetary damages to the Plan, my Plan Sponsor and Transamerica. Moreover, I hereby agree to indemnify and hold (a) the Plan, (b) Transamerica, and (c) my Plan Sponsor harmless from any tax consequences and/or other monetary damages that may result in whole or in part from my false and misleading statements I certify that the information provided on this form is correct and complete.

X \_\_\_\_\_  
Participant Signature

X \_\_\_\_\_  
Date

X \_\_\_\_\_  
Print Name

X \_\_\_\_\_  
Social Security Number

**PLAN SPONSOR SIGNATURE**

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

**Reminder: You should confirm your participant's marital status prior to approving this transaction, and obtain spousal consent as needed.**

X \_\_\_\_\_  
Plan Sponsor Signature

X \_\_\_\_\_  
Date

Completed forms should be returned to Transamerica at 4333 Edgewood Road NE, Mail Drop 0001, Cedar Rapids, IA 52499 or fax to 866-835-8863.

## 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

Type of Beneficiary Designation     Individual     Trust     Estate

Share of Benefits

% (whole percentages only)

Relationship

Social Security No.

Date of Birth

(mm/dd/yyyy)

First Name/Middle Initial

Last Name

Name of Trust/Estate

Trustee/Executor

Trust/Estate Tax ID

Effective Date

Mailing Address

City

State

Zip Code

Primary Beneficiary     Contingent Beneficiary

Type of Beneficiary Designation     Individual     Trust     Estate

Share of Benefits

% (whole percentages only)

Relationship

Social Security No.

Date of Birth

(mm/dd/yyyy)

First Name/Middle Initial

Last Name

Name of Trust/Estate

Trustee/Executor

Trust/Estate Tax ID

Effective Date

Mailing Address

City

State

Zip Code