



BENEFICIARY DESIGNATION FORM INSTRUCTIONS

DISTRICT OF COLUMBIA

401(a) PLAN — **108208** | 457(b) PLAN — **307230**

Please note: You only need to complete this form if your beneficiary designation requires spousal consent. See Section 4 to see if this applies to you.

In the event of your death, your designated beneficiary(ies) will be entitled to any assets remaining in your account. Please provide all of the requested information for each beneficiary — this information will help MissionSquare Retirement locate your beneficiaries if necessary. **You can always update your beneficiary information online by following the instructions below.**

Designating beneficiaries for your account is important:

- Your designation helps to ensure assets will be paid out according to your wishes and will not be subject to the potential costs and delays of probate, as well as creditor claims. If all of your primary beneficiaries are no longer living at the time of your death, benefits will be paid to your contingent beneficiaries.
- Your beneficiaries may receive more tax advantages.

Percent of Benefit Information — If you provide percentages that do not total 100%, or provide non-whole numbers, your designations will be invalid. However, if no percentages are provided for any beneficiary designations, the benefit will be allocated equally among all beneficiaries.

Trust Beneficiaries — If you name a trust as your primary or contingent beneficiary, you must submit a complete copy of your entire trust document with this form.

Update Beneficiary Information Online

- Log in to MissionSquare's Account Access at www.DCRetire.com
- Select Beneficiaries next to the plan
- Click the Update Beneficiaries button and enter your beneficiary information

Married Participants

If you do not designate your spouse as the primary beneficiary for your account, your spouse may be required to consent to your beneficiary designation. Please review the additional information in the Spousal Consent section (Section 4) of the form.

Fax or Mail the Completed Form to MissionSquare

If you fax the form to MissionSquare, please do not also send it to us by mail. Page 2 is only needed if your beneficiary designation requires spousal consent.

Fax:
MissionSquare Retirement
ATTN: Workflow Management Team
202-682-6439

Mail:
MissionSquare Retirement
ATTN: Workflow Management Team
P.O. Box 96220
Washington, DC 20090-6220

Please keep a copy of completed form for your records.

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- Use this form to designate beneficiaries for your employer-sponsored retirement plan with MissionSquare.
- You only need to complete this form if your beneficiary designation requires spousal consent.** Otherwise, you may update your beneficiary information quickly and securely via Account Access at www.DCRetire.com.
 - Spousal Consent** — If you are married and do not designate your spouse as primary beneficiary for your account, your spouse may be required to consent to your designation by signing Section 4 of this form. Please refer to Section 4 for additional information.

1 PARTICIPANT INFORMATION (COMPLETE ALL FIELDS IN THIS SECTION)

Employer Plan Number (SELECT ONLY ONE): **108208** | 401(a) Plan **307230** | 457(b) Plan Employer Plan Name: **District of Columbia**

Social Security Number (for tax-reporting purposes): _____ Date of Birth: (MM/DD/YYYY) _____/_____/_____ Email Address: _____

Full Name of Participant:

LAST FIRST M.I.

2 BENEFICIARY DESIGNATION

- Update your beneficiary designations and/or designate additional beneficiaries at any time via Account Access at www.DCRetire.com.
- Your "Primary" beneficiary(ies) must total 100% and your "Contingent" beneficiary(ies) if applicable must also total 100%.
- Use whole percentages only (e.g., 50%, not 33.33% or 33 1/3 %).
- Check one "Beneficiary Type" and one "Relationship" for each beneficiary. Failure to do so may result in your designation being invalid.

Beneficiary Type: <input checked="" type="checkbox"/> Primary	Relationship (Check One): <input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust* <input type="checkbox"/> Charity <input type="checkbox"/> Estate
Name: _____	Date of Birth: _____/_____/_____ Social Security Number: _____-_____-_____ % of Benefit (Whole % ONLY)
Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship (Check One): <input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust* <input type="checkbox"/> Charity <input type="checkbox"/> Estate
Name: _____	Date of Birth: _____/_____/_____ Social Security Number: _____-_____-_____ % of Benefit (Whole % ONLY)
Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship (Check One): <input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust* <input type="checkbox"/> Charity <input type="checkbox"/> Estate
Name: _____	Date of Birth: _____/_____/_____ Social Security Number: _____-_____-_____ % of Benefit (Whole % ONLY)
Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship (Check One): <input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust* <input type="checkbox"/> Charity <input type="checkbox"/> Estate
Name: _____	Date of Birth: _____/_____/_____ Social Security Number: _____-_____-_____ % of Benefit (Whole % ONLY)
Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship (Check One): <input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust* <input type="checkbox"/> Charity <input type="checkbox"/> Estate
Name: _____	Date of Birth: _____/_____/_____ Social Security Number: _____-_____-_____ % of Benefit (Whole % ONLY)

**Trust Beneficiaries — You must submit a copy of your entire trust document with the enrollment form if you desire the beneficiaries of the trust to be treated as designated beneficiaries for the purpose of determining required minimum distributions.*

Designate additional beneficiaries online after your account is established, or write "see attached sheet" and attach and sign a separate piece of paper with your name, plan number, Social Security number, and the additional beneficiary information.

3 SIGNATURES

Participant Signature: _____ Date: ____/____/_____

Employer Signature: _____ Date: ____/____/_____



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Employer Plan Number: **108208** | 401(a) Plan **307230** | 457(b) Plan

Social Security Number: _____ - _____ - _____

4 SPOUSAL CONSENT

Community Property States (AZ, CA, ID, LA, NV, NM, TX, WA, or WI) — A participant living in a community property state must designate his/her spouse as the primary beneficiary for at least 50% of the account, unless the spouse waives his/her right by consenting to an alternative beneficiary designation. By signing below, you (the participant's spouse) are consenting to the benefit percentage specified below and the participant's beneficiary designation(s) on page 1 of this form.

401 Defined Contribution Plans — Many 401 plans require that a married participant designate his/her spouse as the primary beneficiary for 100% of the account, unless the spouse waives his/her right by consenting to an alternative beneficiary designation. By signing below, you are consenting to the benefit percentage specified below and the participant's beneficiary designation(s) on page 1 of this form.

State Law — MissionSquare makes this form available as a means of helping participants satisfy state law requirements relating to beneficiary designations. MissionSquare is not responsible for a participant's failure to properly designate a beneficiary in accordance with state law. Failure to satisfy state law requirements may result in a beneficiary designation being invalidated, and benefits being paid in accordance with state law.

Spousal Consent and Acknowledgement — By signing below, I agree to waive my beneficiary rights in my spouse's retirement plan account, and consent to 1) receive the benefit percentage specified below, and 2) the beneficiary designation on page 1 of this form. I understand this waiver will result in some or all of my spouse's death benefit being paid to someone other than me. I further understand that future changes to my spouse's beneficiary designations will not be valid unless I consent to any such changes.

Spouse Benefit Percentage (whole % only): _____% (This percentage should match the percentage, if any, specified on page 1 of the form. Write "0" if applicable.)

Spouse's Signature: _____

Date: ____ / ____ / _____

Name (please print): _____

5 WITNESS

- For 457 deferred compensation plans, a Notary Public is required to witness the spouse signature for the above spousal consent to be valid in a community property state.
- For 401 defined contribution plans, the above spousal consent must be witnessed by either an authorized employer plan representative or a Notary Public.

EMPLOYER'S PLAN REPRESENTATIVE:

Employer Signature: _____

Name (please print): _____

Title (please print): _____

Date: ____ / ____ / _____

NOTARY PUBLIC

Subscribed and sworn before me this ____ day of _____ (month), 20 ____

Notary Public's Signature: _____

My commission expires: ____ / ____ / _____

Notary Public SEAL:

PLEASE REMEMBER TO MAKE A COPY FOR YOUR RECORDS.