

**Beneficiary Designation
401(k) Plan**

Goodwin College Savings & Retirement Plan

336129-01

For My Information

- For questions regarding this form, visit the website at www.empower-retirement.com/participant or contact Service Provider at 1-800-338-4015.
- Use black or blue ink when completing this form.

A Participant Information

Account extension, if applicable, identifies funds transferred to a beneficiary due to participant's death, alternate payee due to divorce or a participant with multiple accounts.

Account Extension _____ Social Security Number (Must provide all 9 digits) _____

Last Name _____ First Name _____ M.I. _____ Date of Birth _____ / ____ / ____

Email Address _____ Daytime Phone Number _____ (____) _____

Married Unmarried Alternate Phone Number _____ (____) _____

B Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)

Primary Beneficiary Designation (Primary beneficiary designations must total 100% in whole percentages.)

- If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation.
- See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.

% _____ / ____ / ____

| % of Account Balance | Primary Beneficiary Name (Name of Individual, Trust, Charity, etc.) | Relationship | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
|-------------------------------|--|--------------|--|--------------------------------|
| _____ | _____ | _____ | _____ | _____ / ____ / ____ |
| Street Address _____ | | City _____ | State _____ | Zip Code _____ |
| Phone Number (Optional) _____ | | | | |

% _____ / ____ / ____

| % of Account Balance | Primary Beneficiary Name (Name of Individual, Trust, Charity, etc.) | Relationship | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
|-------------------------------|--|--------------|--|--------------------------------|
| _____ | _____ | _____ | _____ | _____ / ____ / ____ |
| Street Address _____ | | City _____ | State _____ | Zip Code _____ |
| Phone Number (Optional) _____ | | | | |

% _____ / ____ / ____

| % of Account Balance | Primary Beneficiary Name (Name of Individual, Trust, Charity, etc.) | Relationship | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
|-------------------------------|--|--------------|--|--------------------------------|
| _____ | _____ | _____ | _____ | _____ / ____ / ____ |
| Street Address _____ | | City _____ | State _____ | Zip Code _____ |
| Phone Number (Optional) _____ | | | | |

Contingent Beneficiary Designation (Contingent beneficiary designations must total 100% in whole percentages.)

% _____ / ____ / ____

| % of Account Balance | Contingent Beneficiary Name (Name of Individual, Trust, Charity, etc.) | Relationship | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
|-------------------------------|---|--------------|--|--------------------------------|
| _____ | _____ | _____ | _____ | _____ / ____ / ____ |
| Street Address _____ | | City _____ | State _____ | Zip Code _____ |
| Phone Number (Optional) _____ | | | | |

Last Name _____ First Name _____ M.I. _____ Social Security Number _____

B Beneficiary Designation *(Attach an additional sheet to name additional beneficiaries.)*

Contingent Beneficiary Designation *(Contingent beneficiary designations must total 100% in whole percentages.)*

| % | Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i> | Relationship | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
|--------------------------------------|--|--------------|--|--------------------------------|
| _____ / _____ | _____ | _____ | _____ | ____/____/____ |
| Street Address _____ (_____) | | City _____ | State _____ | Zip Code _____ |
| Phone Number <i>(Optional)</i> _____ | | | | |
| % | Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i> | Relationship | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
| _____ / _____ | _____ | _____ | _____ | ____/____/____ |
| Street Address _____ (_____) | | City _____ | State _____ | Zip Code _____ |
| Phone Number <i>(Optional)</i> _____ | | | | |

C Signatures and Consent *(Signatures must be on the lines provided.)*

Participant Consent for Beneficiary Designation *(Please sign on the 'Participant Signature' line below.)*

I have completed, understand and agree to all pages of this Beneficiary Designation form. Subject to and in accordance with the terms of the Plan, I am making the above beneficiary designations for my vested account in the event of my death. If I have more than one primary beneficiary, the account will be divided as specified. If a primary beneficiary predeceases me, his or her benefit will be allocated to the surviving primary beneficiaries. Contingent beneficiaries will receive a benefit only if there is no surviving primary beneficiary, as specified. If a contingent beneficiary predeceases me, his or her benefit will be allocated to the surviving contingent beneficiaries. If I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan or applicable law. This designation is effective upon execution and delivery to Service Provider. If any information is missing, additional information may be required prior to recording my designation.

This designation supersedes all prior designations. Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally. **Primary and contingent beneficiaries must separately total 100% in whole percentages.**

If I have elected Guaranteed Annual Withdrawals with a Joint Covered Person, my spouse must be my sole primary beneficiary.

I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC website at: <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

Important Notice: In accordance with ERISA and/or Plan Document, if I am married and I elect a primary beneficiary other than my spouse or in addition to my spouse, my spouse must consent by signing the Spousal Consent for Beneficiary Designation section of this form.

Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.

Participant Signature _____ **Date (Required)** _____

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

This page is for informational purposes only - Do not return with the Beneficiary Designation form
EXAMPLE BENEFICIARY DESIGNATIONS

Example 1: Multiple Individuals as Beneficiaries

| | | | | | |
|--|---|--|--------------|--|--------------------------------|
| B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i> | | | | | |
| Primary Beneficiary Designation <i>(Primary beneficiary designations must total 100% in whole percentages.)</i> | | | | | |
| <ul style="list-style-type: none"> • If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation. • See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate. | | | | | |
| 33 | % | John M. Doe | Brother | XXX-XX-XXXX | 01/06/1954 |
| % | | Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i> | Relationship | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
| 111 Elm Street | | Anytown | MO | 60000 | |
| Street Address | | City | State | Zip Code | |
| (XXX) XXX-XXXX | | Phone Number <i>(Optional)</i> | | | |
| 33 | % | Don M. Doe | Brother | XXX-XX-XXXX | 01/06/1954 |
| % | | Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i> | Relationship | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
| 222 North Avenue | | Anytown | CA | 90000 | |
| Street Address | | City | State | Zip Code | |
| (XXX) XXX-XXXX | | Phone Number <i>(Optional)</i> | | | |
| 34 | % | Michelle L. Doe | Sister | XXX-XX-XXXX | 01/06/1957 |
| % | | Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i> | Relationship | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
| 333 West Blvd | | Anytown | CO | 80000 | |
| Street Address | | City | State | Zip Code | |
| (XXX) XXX-XXXX | | Phone Number <i>(Optional)</i> | | | |

Example 2: Trust as Beneficiary

| | | | | | |
|--|---|--|--------------|--|--------------------------------|
| B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i> | | | | | |
| Primary Beneficiary Designation <i>(Primary beneficiary designations must total 100% in whole percentages.)</i> | | | | | |
| <ul style="list-style-type: none"> • If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation. • See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate. | | | | | |
| 100 | % | Trust of Jane Doe | Trust | XX-XXXXXXX | 06/30/2015 |
| % | | Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i> | Relationship | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
| 150 Main Street | | Anytown | MO | 60000 | |
| Street Address | | City | State | Zip Code | |
| (XXX) XXX-XXXX | | Phone Number <i>(Optional)</i> | | | |

Example 3: Estate as Beneficiary

| | | | | | |
|--|---|--|--------------|--|--------------------------------|
| B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i> | | | | | |
| Primary Beneficiary Designation <i>(Primary beneficiary designations must total 100% in whole percentages.)</i> | | | | | |
| <ul style="list-style-type: none"> • If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation. • See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate. | | | | | |
| 100 | % | Estate of Anne Doe | Estate | / / | / / |
| % | | Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i> | Relationship | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
| 45 East Road | | Anytown | MO | 60000 | |
| Street Address | | City | State | Zip Code | |
| (XXX) XXX-XXXX | | Phone Number <i>(Optional)</i> | | | |