Trust Company of America

Beneficiary Form
Carolina Meadows, Inc. 403(b) Plan

Participant Name_____ Social Security number_____

- ❑ Initial designation
- ❑ Revised Designation

Part A- Beneficiary Designation

1. Designation of Beneficiary

Primary Beneficiary: The following is my designation of beneficiary to receive any death benefits payable as a result of my death in accordance with the provisions of my employer's retirement plan.

Name	Address	Relationship	Date of Birth	Soc. Sec. #	% Share
				Total % must equal 100%	

Contingent Beneficiary: In the event that the primary beneficiary should predecease me or die prior to the complete distribution from my employer's plan, I designate the following as my contingent beneficiary or beneficiaries:

Name	Address	Relationship	Date of Birth	Soc. Sec. #	% Share
				Total % must equal 100%	

The Trustee shall pay all sums payable under the Plan by reason of my death to the primary beneficiaries, if he or she or they survive me, and if no primary beneficiary survives me, then to the contingent beneficiaries, and if no named beneficiary survives me, then the Trustee shall pay all amounts in accordance with the Plan. I understand that, unless I have provided otherwise above, the Trustee will pay all sums payable to more than one beneficiary equally to the living beneficiaries. If more than one primary beneficiary is designated and I have not indicated a percentage by which benefits should be split then the benefits shall be split equally.

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2. Marital Status (check one)

- ❑ I am single (**stop here**; do not complete rest of form)
- ❑ I am married and have designated my spouse as the primary beneficiary and receiving 100% of my benefit. (**Stop here**; do not complete the rest of this form)
- ❑ I am married and have designated some one other than my spouse as primary beneficiary or have designated my spouse as primary beneficiary but receiving less than 100% of my benefit. (If this option is selected then your Spouse must sign Part B).

Signed_____ _____
Participant Date

Part B- Spousal Consent

Written Consent to Participant's Waiver Election

I, the undersigned spouse of the participant named in the foregoing "Beneficiary Designation", hereby certify I have read the Beneficiary Designation and fully understand the property subject to the designation is my spouse's Account Balance under the Plan, in which I possess a beneficial interest, provided I survive my spouse. Being fully satisfied with the provisions of the designation, I hereby consent to and accept the Beneficiary Designation, without regard to whether I survive or predecease my spouse. This consent is irrevocable unless my spouse changes the designation. If my spouse changes the designation, I understand I must file a similar consent to the new designation, or my consent is no longer effective.

Signed_____ _____
Spouse Date

Witness of Written Spousal Consent

A Notary Public or an Authorized Plan Representative must witness written spousal consent.

OR

Witnessed by a Notary Public

Subscribed and sworn before me this
_____day of_____,200__

_____
Notary Signature_____
State of_____

My commission expires_____

(Seal)

Witnessed by an Authorized Plan Representative

Signed _____
Authorized Plan Representative

Date_____