PENTEGRA
RETIREMENT SERVICES
PENTEGRA TRUST COMPANY

403(b) Beneficiary Change Form

STEP 1 Employee Information

First Name | Last Name | M.I.

Address (Street Address only. P.O. Box not accepted) | Apartment/Suite

City | State | Zip

Daytime Phone Number | Evening Phone Number | Email Address

Social Security Number - - | ❒ Single ❒ Married (Marital Status) | Date of Birth (mm/dd/yyyy) | **Date of Hire * REQUIRED** (mm/dd/yyyy)

STEP 2 Employer Information

Employer Name

Contact Name | Title | Phone Number

Plan Type (Select only one box): ❒ ORP (Optional Retirement Program) ❒ TSA (Tax Sheltered Account)
A separate form is required for each Plan account.

STEP 3 Beneficiary Designations

Employee designates the individual(s) named below as his/her Primary beneficiary(ies) of this Custodial Account in the percentages indicated and hereby revokes any prior beneficiary(ies) designated. If any Primary beneficiary(ies) dies before Employee, his/her interest and the interest of any heirs shall terminate, that interest being divided among the remaining Primary beneficiary(ies). Employee reserves the right to change his/her beneficiary(ies) at any time by filing another designation with Pentegra Trust Company, which designation will be effective upon receipt by Pentegra Trust Company. **Employee understands that, if married and have designated a beneficiary other than his/her spouse, such designation requires the written consent of the spouse**. Attach additional forms if more than three beneficiaries are designated. If Contingent beneficiary(ies) are designated, such designation(s) are effective only if no Primary beneficiary(ies) survive after the Employee's death.

❒ *I am married and I name my spouse as sole Primary beneficiary.*

❒ *I am married and I designate the following Primary beneficiary(ies)or survivor(s) among them living at my death.* ***My spouse has given his/her consent to the following designation(s) as indicated by his/her signature below.***

❒ *I am not married and I designate the following Primary beneficiary(ies) or survivor(s) among them living at my death. I understand that if I am married at the time of my death, the following beneficiary designation shall be* ***invalid*** *and any death benefit will be paid to my surviving spouse,* ***unless my spouse gives written consent to this beneficiary designation prior to payment.***

❒ Primary
❒ Contingent
Beneficiary's Name (first, middle, last) or Entity Name

Address, City, State, Zip

Daytime Phone Number | Evening Phone Number | Email Address

Social Security Number - - | Date of Birth | Percentage Share (%) | Relationship to Employee

STEP 3 | Beneficiary Designations *continued…*

❒ Primary
❒ Contingent

Beneficiary's Name (first, middle, last) or Entity Name

Address, City, State, Zip

Daytime Phone Number | Evening Phone Number | Email Address

Social Security Number | Date of Birth | Percentage Share (%) | Relationship to Employee

❒ Primary
❒ Contingent

Beneficiary's Name (first, middle, last) or Entity Name

Address, City, State, Zip

Daytime Phone Number | Evening Phone Number | Email Address

Social Security Number | Date of Birth | Percentage Share (%) | Relationship to Employee

SPOUSAL CONSENT: ***Must be completed if a married Employee designates a beneficiary other than his/her spouse. The spouse's signature must be witnessed by either (1) an authorized representative of the plan or (2) a Notary Public.***

I, the undersigned, am the Employee's spouse and agree to the designation of the above-named Primary and/or Contingent beneficiary(ies), or as attached. I understand that any death benefit payable under the plan shall be paid in accordance with the above designations.

➢ SPOUSE SIGNATURE — Date (month / day / year)

Signed before me _____ day of _____, 20_____.

➢ PLAN REPRESENTATIVE OR NOTARY SIGNATURE — Date (month / day / year)

If a Notary Public:
County of _____ State of _____ Notary Commission expiration date_____

STEP 4 | Authorization & Signature

The undersigned represents, on behalf of himself or herself and any person who may claim an interest under this Custodial Account, that all statements contained herein are full, complete, true as written and correctly recorded.

➢ EMPLOYEE SIGNATURE — Date (month / day / year)

Please fax the completed Beneficiary Change Form to 914.821.9582.

The originals must be mailed to:

Pentegra Trust Company
c/o Pentegra Retirement Services
ATTN: 403(b) Services
108 Corporate Park Drive
White Plains, NY 10604-3805

For Customer Service, please contact 866.634.5873.