

BENEFICIARY DESIGNATION FORM

PLAN NAME: The Woodstock Foundation, Inc. 403(b) Savings Plan

PARTICIPANT INFORMATION

Name: _____ Date of Birth: _____

Address: _____ Social Security Number _____

City: _____ State: _____ Zip: _____ Phone: _____

DESIGNATION OF BENEFICIARY (IES)

1. NAME: _____ Primary

SOCIAL SECURITY NO.: _____ DATE OF BIRTH: _____

ADDRESS _____

AMOUNT _____ or _____ % RELATIONSHIP: _____

2. NAME: _____ Primary Contingent

SOCIAL SECURITY NO.: _____ DATE OF BIRTH: _____

ADDRESS _____

AMOUNT _____ or _____ % RELATIONSHIP: _____

3. NAME: _____ Primary Contingent

SOCIAL SECURITY NO.: _____ DATE OF BIRTH: _____

ADDRESS _____

AMOUNT _____ or _____ % RELATIONSHIP: _____

As a Participant in the above Plan, I hereby designate my primary and contingent Beneficiary(ies) as listed above. If I have designated a Beneficiary other than my Spouse, my Spouse has consented to the designation by signing the attached consent before a notary or Plan representative. *If not married, please complete the attached "Certification of Marital Status".* If no primary Beneficiary(ies) survives me, the contingent Beneficiary(ies) shall acquire the designated share of my Plan benefits. *Please check Primary or Contingent as applicable for the Beneficiaries.* If no designation of Primary or Contingent is made, any beneficiary named will be deemed to be a primary Beneficiary.

Any death benefit due my designated Beneficiary or Beneficiaries shall be payable in a single lump sum.

Participant Signature: _____ Witness Signature: _____

Date: _____

SPOUSAL CONSENT TO BENEFICIARY DESIGNATION

I certify that I, _____ am the Spouse of the above-named Participant and hereby approve of and consent to the Beneficiary designation and/or payment option adopted by my Spouse as provided above. I understand that I am entitled to receive a Spouse's benefit under the Plan unless I consent to a different Beneficiary designation or form of payment. I also understand that the above designation has the effect of causing the death benefit under the Plan to be paid to another Beneficiary. I further understand that my Spouse may not change the Primary Beneficiary designation without first obtaining my written consent.

PARTICIPANT'S SPOUSE SIGNATURE _____ **DATE** _____

The signature of the Spouse must be witnessed by a notary public or authorized Plan representative.

WITNESS:

NOTARY PUBLIC _____

Subscribed and sworn to before me on this _____ day of _____ 20_____.

SIGNATURE _____ EXPIRY DATE: _____

OR

PLAN REPRESENTATIVE'S SIGNATURE _____

The Plan Representative may not witness his or her own form or the form of any relative.

CERTIFICATION OF MARITAL STATUS AND WITNESS

I understand that if I become married in the future, my Spouse will be my Primary Beneficiary unless I complete a new Designation of Beneficiary form and my Spouse consents to my designation.

- I hereby certify that I am not now married and that there are no Plan benefits payable to a former Spouse under a prior Qualified Domestic Relations Order.
- I hereby certify that I am not now married; however, there may be a reduction in my benefits as a result of a prior Qualified Domestic Relations Order.
- I am married but I am legally separated. My Spouse will be my primary Beneficiary unless my Spouse consents to the naming of another Beneficiary.

Participant's Signature _____

The signature of the Participant must be witnessed by a notary public or authorized Plan representative.

WITNESS:

NOTARY PUBLIC _____

Subscribed and sworn to before me on this _____ day of _____ 20_____.

SIGNATURE _____ EXPIRY DATE: _____

OR

PLAN REPRESENTATIVE'S SIGNATURE _____

The Plan Representative may not witness his or her own form or the form of any relative.