CERF
COUNTY EMPLOYEES' RETIREMENT FUND

Beneficiary Designation 401(a) Plan

CERF Savings Plan - 401(a) Plan — 98993-02

For My Information

- *For questions regarding this form, visit the website at www.empower-retirement.com/participant or contact Service Provider at 1-800-701-8255.*
- *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.)*

- 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
%				/ /

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
%				/ /

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
%				/ /

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
%				/ /

Phone Number *(Optional)* ( ) ______

% 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
%				/ /

Phone Number *(Optional)* ( ) ______

% 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
%				/ /

Phone Number *(Optional)* ( ) ______

				98993-02
Last Name	First Name	M.I.	Social Security Number	Number

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.**

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.

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

Participant Signature ______________________________ **Date *(Required)*** ______________

Authorized Plan Administrator Signature *(Please sign on the 'Authorized Plan Administrator Signature' line below.)*

I accept the information provided by the participant on this form.

Authorized
Plan Administrator Signature ______________________________ **Date *(Required)*** ______________

D Mailing Instructions

Participant forward this form to:

Empower Retirement
133 South 11th Street
Suite 230
St. Louis, MO 63102
Fax: 1-855-785-7329

After all signatures have been obtained, this form can be sent by

Fax to:	**OR**	**Regular Mail to:**	**OR**	**Express Mail to:**
Empower Retirement 1-866-745-5766		Empower Retirement PO Box 173764 Denver, CO 80217-3764		Empower Retirement 8515 E. Orchard Road Greenwood Village, CO 80111

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 ***(Attach an additional sheet to name additional beneficiaries.)***

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

- 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 of Individual, Trust, Charity, etc.)*	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
33 %	John M. Doe	Brother	XXX-XX-XXXX	01/06/1954

(XXX) XXX-XXXX
Phone Number *(Optional)*

% of Account Balance	Primary Beneficiary *(Name of Individual, Trust, Charity, etc.)*	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
33 %	Don M. Doe	Brother	XXX-XX-XXXX	01/06/1954

(XXX) XXX-XXXX
Phone Number *(Optional)*

% of Account Balance	Primary Beneficiary *(Name of Individual, Trust, Charity, etc.)*	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
34 %	Michelle L. Doe	Sister	XXX-XX-XXXX	01/06/1957

(XXX) XXX-XXXX
Phone Number *(Optional)*

Example 2: Trust as Beneficiary

B

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

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

- 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 of Individual, Trust, Charity, etc.)*	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
100 %	Trust of Jane Doe	Trust	XX-XXXXXXX	06/30/2015

(XXX) XXX-XXXX
Phone Number *(Optional)*

Example 3: Estate as Beneficiary

B

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

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

- 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 of Individual, Trust, Charity, etc.)*	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
100 %	Estate of Anne Doe	Estate		/ /

(XXX) XXX-XXXX
Phone Number *(Optional)*

Example 4: Charity as Beneficiary

B

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

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

- 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 of Individual, Trust, Charity, etc.)*	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
100 %	ABC Charity	Charity	XX-XXXXXXX	/ /

(XXX) XXX-XXXX
Phone Number *(Optional)*