

Instructions

To designate a beneficiary or to change your existing beneficiary designation on a non-annuity plan, complete all applicable sections of this form, obtain any required signatures, and return it to Transamerica at 4333 Edgewood Road NE, Mail Drop 0001, Cedar Rapids, IA 52499.

Initial Designation Change of Designation

Section A. Employer Information

Company/Employer Name

Contract/Account No. Affiliate No. Division No.

Section B. Personal Information

Social Security No. Date of Birth (mm/dd/yyyy)

First Name/Middle Initial Last Name

Mailing Address

City State Zip Code

Phone No. Ext.

E-mail Address

Section C. Primary Beneficiary Designation - Will receive benefits in the event of your death

This designation will apply to the account number above. You must designate a specific percentage for each beneficiary. Shares must be whole percentages and total 100%. If you do not indicate shares, benefits will be split equally among surviving beneficiaries. If the named beneficiary is a trust, please specify the name and date of the trust, and the name of the trustee.

Note: Share of benefits must total 100% for primary beneficiaries. If additional space is needed to designate multiple beneficiaries, complete the Supplemental Beneficiary Designation page.

Share of Benefits: % (whole percentages only) Relationship

Last Name Date of Birth (mm/dd/yyyy)

First Name/Middle Initial Social Security No.

Mailing Address

City State Zip Code

Primary Beneficiary Designation (continued)

Share of Benefits:	<input type="text"/>	% (whole percentages only)	Relationship	<input type="text"/>
Last Name	<input type="text"/>	Date of Birth (mm/dd/yyyy)	<input type="text"/>	
First Name/Middle Initial	<input type="text"/>	Social Security No.	<input type="text"/>	
Mailing Address	<input type="text"/>			
City	<input type="text"/>	State	<input type="text"/>	Zip Code <input type="text"/>

Section D. Contingent Beneficiary(ies) - Will receive benefits if no primary beneficiary is living at the time of your death

Note: Share of benefits must total 100% for contingent beneficiaries. If additional space is needed to designate multiple beneficiaries, complete the Supplemental Beneficiary Designation page.

Share of Benefits:	<input type="text"/>	% (whole percentages only)	Relationship	<input type="text"/>
Last Name	<input type="text"/>	Date of Birth (mm/dd/yyyy)	<input type="text"/>	
First Name/Middle Initial	<input type="text"/>	Social Security No.	<input type="text"/>	
Mailing Address	<input type="text"/>			
City	<input type="text"/>	State	<input type="text"/>	Zip Code <input type="text"/>

Share of Benefits:	<input type="text"/>	% (whole percentages only)	Relationship	<input type="text"/>
Last Name	<input type="text"/>	Date of Birth (mm/dd/yyyy)	<input type="text"/>	
First Name/Middle Initial	<input type="text"/>	Social Security No.	<input type="text"/>	
Mailing Address	<input type="text"/>			
City	<input type="text"/>	State	<input type="text"/>	Zip Code <input type="text"/>

Section E. Participant Signature

I certify that the information provided on this form is correct and complete.

X _____ **X** _____
Participant Signature Date

X _____ **X** _____
Print Name Social Security Number

Supplemental Beneficiary Designations

Social Security No.

First Name/Middle Initial

Last Name

Note: Share of benefits must total 100% for primary beneficiaries (will receive benefits in the event of your death) AND 100% for contingent beneficiaries (will receive benefits if no primary beneficiary is living at the time of your death).

Primary Beneficiary Contingent Beneficiary

Share of Benefits: % (whole percentages only)

Relationship

Last Name

Date of Birth (mm/dd/yyyy)

First Name/Middle Initial

Social Security No.

Mailing Address

City

State

Zip Code

Primary Beneficiary Contingent Beneficiary

Share of Benefits: % (whole percentages only)

Relationship

Last Name

Date of Birth (mm/dd/yyyy)

First Name/Middle Initial

Social Security No.

Mailing Address

City

State

Zip Code