

## Beneficiary Designation 403(b) Plan

ublic Hea	lth Foundati	ion Enterpris	ses, Inc. 403(b) Plan			762501-01		
or My Info	rmation							
For questic	ons regarding thi	is form, visit the	website at empowermyretirement.c	om or contact Service	e Provider at 1-866-467-	7756.		
Use black	or blue ink when	completing this	form.					
Particip	Participant Information							
transferre death, al	extension, if applicated to a beneficiary tent to a beneficiary ternate payee du to with multiple acc	due to participan ue to divorce or	t's					
			Account Extension	Social Security Nur	nber (Must provide all 9 dig	rits)		
						1		
Last Nar (The nam		match the name o	First Name n file with Service Provider.)	e M.I.	Date of Birth  ( )  Daytime Phone N	umber		
Email Ad	ddress				_ ( )			
☐ Marr	ried 🗅 Uı	nmarried			Alternate Phone N	lumber		
Benefic	Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)							
Primary	Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)							
or est	tate.  % count Balance	Primary Benef	iciary Name ual, Trust, Charity, etc.)		curity or Taxpayer ion Number	/ / Date of Birth or Trust Date		
Street A	ddress		City	S	state	Zip Code		
( Phone N	) lumber <i>(Optional)</i>		Relationship (Required - If Relations  Spouse Child Parent  Domestic Partner			·		
-	%					/ /		
% of Acc	count Balance	Primary Benef (Name of Individ	iciary Name ual, Trust, Charity, etc.)		curity or Taxpayer ion Number	Date of Birth or Trust Date		
Street A	ddress		City  Relationship (Poquired If Polation	State hip is not provided, request will be rejected and		Zip Code		
Phone N	) lumber (Optional)		☐ Spouse ☐ Child ☐ Parent ☐ Domestic Partner					
	%					1 1		
% of Acc	of Account Balance Primary Benef (Name of Individ		iciary Name ual, Trust, Charity, etc.)		curity or Taxpayer ion Number	Date of Birth or Trust Date		
Street Ad (	ddress )		City Relationship (Required - If Relations		State			

	Last Name		First Name	<u>M.I.</u>	Social S	Security Number	762501-01 Number
_	B Calana Basina A					•	
Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)							
	Contingent Beneficia	ary Designation	On (Contingent beneficiary	designation	ns must total 100%	% - percentage can be mad	e out to two decimal places.)
	%						1 1
	% of Account Balance	-	Beneficiary Name lividual, Trust, Charity, etc.)		Social Security or Taxpayer Identification Number		Date of Birth or Trust Date
	Street Address		City			State	Zip Code
	( ) Phone Number (Optional)	)				p is not provided, request will be rejected and sent □ Grandchild □ Sibling □ My Estate □	
	%		a bomestic rartiler				/ /
	% of Account Balance	•	neficiary Name lual, Trust, Charity, etc.)		Social Identit	l Security or Taxpayer fication Number	Date of Birth or Trust Date
	Street Address		City			State	Zip Code
	( ) Phone Number (Optional)	)				request will be rejected and ☐ Sibling ☐ My Estat	·
	%		2 Bomoodo i didioi				/ /
	% of Account Balance		neficiary Name lual, Trust, Charity, etc.)			l Security or Taxpayer fication Number	Date of Birth or Trust Date
	Street Address  ( ) Phone Number (Optional)	)				State request will be rejected and Sibling  My Estat	
2	Signatures and Cons	sent (Signatures	must be on the lines provide	d.)			
	Participant Consent	for Beneficia	y Designation (Please	sign on the 'I	Participant Signatu	re' line below.)	
	I have completed, understand and agree to all pages of this Beneficiary Designation form. Subject to the terms of the Plan, I am making above beneficiary designations for my vested account in the event of my death. I acknowledge and agree that it is my responsibility to monitor beneficiary designations in my account and to update the beneficiary designations as I deem necessary upon a change in marital status, death a beneficiary or any other change that may impact my beneficiary designations.						
If I have more than one primary beneficiary, the account will be divided as specified. If a primary beneficiary predeceases me, his or her ber be allocated to the surviving primary beneficiaries. Contingent beneficiaries will receive a benefit only if there is no surviving primary beneficiaries specified. If a contingent beneficiary predeceases me, his or her benefit will be allocated to the surviving contingent beneficiaries. If designate beneficiaries, amounts will be paid pursuant to the terms of the Plan or applicable law. This designation is effective upon execut delivery to Service Provider. If any information is missing, additional information may be required prior to recording my designation.						rviving primary beneficiary ent beneficiaries. If I fail to fective upon execution and	
This designation supersedes all prior designations. Beneficiaries will share equally if percentages are not provided the will be divided equally. <b>Primary and contingent beneficiaries must separately total 100%. The percentage decimal points (Example: 33.33%).</b>							
						ect a primary beneficiary ary Designation section o	other than my spouse or ir of this form.
	Any person who pre	esents a false	e or fraudulent claim	is subjec	t to criminal a	and civil penalties.	
	Participant Signat	ure				Date (Requi	red)
						cepted and will result in	

	Last Name		First Name		M.I.	Social Securi	ity Number	762501-01 Number		
С	Signatures and Conser	Signatures and Consent (Signatures must be on the lines provided.)								
	Spousal Consent for B	Spousal Consent for Beneficiary Designation (If applicable, please have the Spouse sign on the 'Spouse's Signature' line below.)								
	Spouse to complete: I, (name of spouse), the current spouse of the participant, hereby voluntarily consent to the participant's primary beneficiary designation above and understand its effect. I understand that my spouse's beneficiary designation means that I will not receive 100% of his or her vested account balance under the Plan and that my spouse's election is not valid unless I consent to it. I understand that my consent is irrevocable unless my spouse changes the beneficiary designation, or designates me to receive 100% of his or her vested account balance.									
	Spouse's Signature	Spouse's Signature				Date (Required)				
	A handwritten signature i		iired on this form.	An electro			•			
	must match the date of the no more than 180 days pr or notarial certificate, you ATTENTION Notary Public	The spouse's signature must be notarized by a Notary Public. The date of the spouse's signature on this form on the Spouse's signature line above must match the date of the Notary Public signature on the separate jurat or notarial certificate or in this section below. Consent must be obtained no more than 180 days prior to the effective date of the original request in order to be effective. If your notary completes a separate jurat or notarial certificate, your spouse must still sign on the above spouse's signature line and enter the date on this form.  ATTENTION Notary Public: Make sure that you have reviewed the notary requirements for your state. If your state requires a separate jurat or notarial certificate, please complete and attach to this request.								
	We require that the follo notarized; (2) the plan nam	owing ine; (3) to	information must the plan number; ar be rejected and will	be include nd (4) partion I delay the v	ed on the separ cipant's and spot withdrawal reque	use's names. Sepa est. If your state do	arate jurat or not es require a sep	: (1) name of document being tarial certificates submitted that arate jurat or notarial certificate		
	If your state does not require	re a se	parate jurat or nota	rial certifica	ate, you may con	nplete the notary s	ection below.			
	_			seal must be visible. this request was subscribed and sworn (or affirmed)						
	State of	)	to before me on the	•		,	•			
		/ )ss.	(name of spouse			, , ,	, • • •	SEAL		
	County/Parish/Borough	ŕ	proved to me on the basis of satisfactory evidence to be the person who appeared before me, who affirmed that such consent represents his/her free and voluntary act.							
	Notary Public's signature _						My commissi	on expires / /		
A handwritten signature is required on this form							-	· · · · · · · · · · · · · · · · · · ·		
Notary Public's full name Telephone nu										
	Authorized Plan Admin	nistrat	tor Signature (Ple	ase sign on	the 'Authorized Pla	n Administrator Sign	ature' line below.)			
	I accept the information provided by the participant on this form.									
Authorized Plan Administrator Signature Date (Required) A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant del										
	Print Full Name									
D	Delivery Instructions									
	After all signatures have	been o	obtained, this form	can be						
	Uploaded Electronically: Login to account at empowermyretirement.cc Click on Upload Document	om	OR	Sent Re Empowe PO Box		OR	Empower 8515 E. Or	ess Mail to: chard Road d Village, CO 80111		
	We will not accept hand de	elivered	forms at Express N	∕lail addres	ses.					

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Effective December 31, 2020, Empower acquired the Massachusetts Mutual Life Insurance Company's (MassMutual) retirement business. Empower administers the business on MassMutual's behalf, with certain administrative services being performed by MassMutual and its affiliates during a temporary transition period. Empower is not affiliated with MassMutual or its affiliates.

## This page is for informational purposes only - Do not return with the Beneficiary Designation form EXAMPLE BENEFICIARY DESIGNATIONS Example 1: Multiple Individuals as Beneficiaries

Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)								
Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)								
to my beneficiary desi	<ul> <li>If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation.</li> <li>See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity</li> </ul>							
33.33 %	% John M. Doe XXX-XX-XXXX 01/06/1954							
% of Account Balance								
111 Elm Street	60000							
Street Address	City	State	Zip Code					
(XXX) XXX-XXXX  Phone Number (Optional)	(XXX) XXX-XXXX       Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.         Phone Number (Optional)       □ Spouse □ Child □ Parent □ Grandchild ■ Sibling □ My Estate □ A Trust □ Othe         □ Domestic Partner							
33.33 %	Don M. Doe	XXX-XX-XXXX	01/06/1954					
% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date					
222 North Avenue	Anytown	CA	90000					
Street Address	City	State	Zip Code					
(XXX) XXX-XXXX Phone Number (Optional)								
33.34 %	Michelle L. Doe	XXX-XX-XXXX	01/06/1957					
% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date					
333 West Blvd	Anytown	CO	80000					
Street Address	City	State	Zip Code					
(XXX) XXX-XXXX	(XXX) XXX-XXXX  Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarificationship)							
Phone Number (Optional)								
xample 2: Trust as Ber	neficiary							
	ON (Attach an additional sheet to name additional	al beneficiaries.)						
Primary Beneficiary D	Designation (Primary beneficiary designations	must total 100% - percentage can be made of	ut to two decimal places.)					
to my beneficiary desi	<ul> <li>If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation.</li> <li>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</li> </ul>							
100 % Trust of Jane Doe		XX-XXXXXX	06/30/2015					
% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date					
150 Main Street	Anytown	MO	60000					
Street Address	City	State	Zip Code					
(XXX) XXX-XXXX	Relationship (Required - If Rela	ationship is not provided, request will be rejected	and sent back for clarification.)					
Phone Number (Optional)	□ Spouse □ Child □ Pa □ Domestic Partner	rent 🛘 Grandchild 🗖 Sibling 🗖 My E	state A Trust Other					

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Example 3: Estate as Beneficiary

В	Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)  Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)								
	<ul> <li>If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation.</li> <li>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.</li> </ul>								
	100 %	Estate of Anne Doe		1 1					
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date					
	45 East Road	Anytown	MO	60000					
	Street Address	City	State	Zip Code					
	(XXX) XXX-XXXX Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarificatio								
	Phone Number (Optional) □ Spouse □ Child □ Parent □ Grandchild □ Sibling ■ My Estate □ A Trust □ C								
		<ul><li>Domestic Partner</li></ul>							
Exa	mple 4: Charity as Be	eneficiary							
В	Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)								
	Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)								
	<ul> <li>If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation.</li> <li>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.</li> </ul>								
	100 %	ABC Charity	XX-XXXXXX	/ /					
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date					
	75 South Place	Anytown	CO	80000					
	Street Address	City	State	Zip Code					
	(XXX) XXX-XXXX	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)							
	Phone Number (Optional)	□ Spouse □ Child □ Pa	rent 🛭 Grandchild 🖫 Sibling 🖫 My E	state 🛘 A Trust 🔳 Other					
		Domestic Partner							