

Name of Plan \_\_\_\_\_

**Participant Information** (*Note: Please refer to the instructions on page 2 for assistance in completing this form.*)

Last Four Digits of Social Security Number	Last Name	First Name	M.I.
Street Address			
City	State	Zip	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married

**Primary Beneficiary**

I understand that if I am married, my spouse shall automatically be designated as my sole primary beneficiary unless I elect otherwise and my spouse properly consents to such election below. I hereby designate the following person or persons as primary beneficiary of my account under the Administaff 401(k) Plan ("Plan") payable by reason of my death. **Note: If additional space is needed for beneficiary information, attach a separate sheet of paper to the designation of beneficiary form including primary or contingent designation, with the information noted below.**

Name	Last Four Digits of Social Security Number	Name	Last Four Digits of Social Security Number
Street Address		Street Address	
City	State	City	State
Date Of Birth	Relation To Participant	Percentage (whole increments)	Percentage (whole increments)
		%	%

**Contingent Beneficiary**

In the event that there is no living primary beneficiary at my death, I hereby designate the following person(s) as contingent beneficiary of my Plan account:

Name	Last Four Digits of Social Security Number	Name	Last Four Digits of Social Security Number
Street Address		Street Address	
City	State	City	State
Date Of Birth	Relation To Participant	Percentage (whole increments)	Percentage (whole increments)
		%	%

**Signatures**

I reserve the right to revoke or change any beneficiary designation. I hereby revoke all prior designations (if any) of primary and contingent beneficiaries.

**Note: If you are married, see the applicable spousal consent requirements below.**

Participant Signature	Date
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**Note: If your spouse is not your Designated Primary Beneficiary, then this Designation of Beneficiary is invalid without the proper completion of the below acknowledgment and consent of your spouse.**

**Consent of Spouse – Signature must be witnessed by a Notary**

I hereby consent to the designation of the beneficiary(ies) listed above. I hereby acknowledge that I understand (1) that the effect of such designation is to cause my spouse's death benefit, or a portion of it, to be paid to a beneficiary other than me; (2) that each beneficiary designation is not valid unless I consent to it; and (3) that my consent is irrevocable unless my spouse revokes the beneficiary designation. I understand I must sign a new consent to the new designation for it to be effective.

I have executed this consent this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Participant's Spouse  
(Must be witnessed by a Plan Representative or a Notary Public)

**Notary Public**

State Of \_\_\_\_\_ (ss.) County Of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me appeared \_\_\_\_\_ who acknowledged herself or himself to be the person who executed the consent set forth above and acknowledged the consent to be his or her act and deed.

\_\_\_\_\_  
Signature of Notary Public

**Please Mail Beneficiary Form To:**

**Administaff Retirement Services; P.O. Box 1988, Kingwood, Texas 77347-1988**

**Questions? Call the Administaff Retirement Services (ARS) Contact Center: 888-401-5273**

## INSTRUCTIONS FOR DESIGNATING OR CHANGING BENEFICIARY

These instructions will assist you in properly completing the Primary and/or Contingent Beneficiary Section(s) of the Designation of Beneficiary Form. Under the Plan, if you do not designate a beneficiary and are not married, your beneficiary will be your estate.

1. If you don't know your plan name, it should be on the front cover of your enrollment booklet. If you require further assistance, you can contact the Retirement Services Contact Center toll-free at 888-401-5273 for help.
2. To designate one person, insert the name and relationship in the spaces provided. If your beneficiary is not related to you, show relationship as "Friend."
3. If you wish to name your estate, insert "Estate" in the blank space.
4. If you wish to designate a trust, insert the name of the trustees and trust in the blank space using language substantially as follows, and then attach a copy of the trust document:

(a) [If a lifetime trust] \_\_\_\_\_ as Trustee, or its successor Trustee, of the John E. Jones Trust dated the \_\_\_\_\_ day of \_\_\_\_\_, including any amendments to the Trust.

(b) [If a trust in your will] To \_\_\_\_\_ as Trustee, or its successor Trustee, of the \_\_\_\_\_ [name of trust, if any] testamentary trust.

5. If you wish to designate a custodian for a beneficiary who is a minor, insert the name of the person you select as custodian using language substantially as follows:

To \_\_\_\_\_ as custodian for \_\_\_\_\_ (a minor) under the [name of your state, custodian's state, or minor's state] Uniform Transfers to Minors Act, Uniform Gifts to Minors Act, or similar act.

6. If you wish to designate more than one beneficiary, here is the most common example:

Three or more beneficiaries	⇒	James O. Jones, brother Paul A. Jones, brother Jane A. Smith, sister
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7. If you maintained an account balance in another qualified plan and those assets were transferred to the Plan in either a trust to trust transfer or a rollover contribution from that plan, any beneficiary designations you may have made under such plan will not be valid under the terms of the Administaff 401(k) Plan.
8. Contingent beneficiaries only receive benefits if all named primary beneficiaries die before you.
9. Any designation of a spouse as a Beneficiary shall become null and void upon subsequent dissolution of marriage between the account holder and named ex-spouse.
10. Failure to properly indicate the percentage designated to go to any one or more indicated and applicable Beneficiary, or failure of the aggregated percentages indicated to go to all Beneficiaries in an applicable Beneficiary class (e.g. Primary or Contingent) to equal 100%, will result in the allocation and payment of all funds pro rata amongst all Beneficiaries living at the time of the account holder's death, within the applicable Beneficiary class.
11. Should any designated Primary or Contingent Beneficiary predecease you, that Primary or Contingent Beneficiary's award shall be allocated pro rata amongst the remaining living Beneficiaries within the same applicable class of Beneficiaries, if any.

### Spousal Consent

If you are married and your spouse is not designated as your primary beneficiary, then your beneficiary designation is invalid without the consent of your spouse. Your spouse's consent must be witnessed by a notary public or a plan representative. If you become married after making a Beneficiary designation, such designation shall become null and void upon the occurrence of such subsequent marriage.