

**DESIGNATION OF BENEFICIARY**  
FOR BENEFITS UNDER THE SERVANT SOLUTIONS RETIREMENT PLAN

SERVANT SOLUTIONS • PO BOX 2559 • ANDERSON, IN 46018

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In certain situations, it is possible that you could die before receiving all of your benefits under the Servant Solutions Retirement Plan ("Plan"). For example, you could die before beginning to receive your Plan benefits or while you are receiving distributions in installments. Use this form to designate a beneficiary to receive any remaining Plan benefits following your death.

According to the Servant Solutions Retirement Plan Document, your spouse is your primary beneficiary. If you die and leave a surviving spouse, any remaining Plan benefits will automatically be paid to your spouse. **Therefore, you should not name your spouse as your contingent beneficiary.** If you die and do not leave a surviving spouse, any Plan benefits will be paid to the contingent beneficiary (or beneficiaries) designated on the second page of this form.

If you wish to name someone other than your spouse as your primary beneficiary, please contact Servant Solutions to obtain the necessary forms. Please note that the "Ten Years Certain Benefit" beneficiary designation (applicable only when electing an annuity payment in retirement), is filed on a separate form.

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NAME AND ADDRESS OF MEMBER:

Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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NAME OF PRIMARY BENEFICIARY (SPOUSE) \_\_\_\_\_

In the event of death or divorce and eventual re-marriage, the legal spouse at time of the member's death is the Primary Beneficiary, regardless of the name written above.

I do not want my spouse to be permitted to change my beneficiary designation if he or she survives me. [Note: If you check this box, no changes in this beneficiary designation can be made after your death.]

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**This form supersedes all other beneficiary designation forms previously filed, including any designation form previously filed with regard to the Death Benefits program and/or the, now grandfathered, Tax Deferred Supplement plan (TDS plan).**

**The second page of this form is REQUIRED; use it to designate your contingent beneficiary (or beneficiaries).**

MEMBER'S SIGNATURE \_\_\_\_\_ DATED \_\_\_\_\_  
*(signature required on both pages of this form)*

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NAME OF MEMBER: \_\_\_\_\_

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**NAME AND ADDRESS OF CONTINGENT BENEFICIARY (OR BENEFICIARIES):**

*(If married, do not list your spouse in this section.)*

Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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Multiple beneficiary designations are paid on a *per capita* basis. If any one of the beneficiaries dies prior to distribution of any Plan benefits, his or her share will be divided equally among and paid to the surviving beneficiaries.

MEMBER'S SIGNATURE \_\_\_\_\_ DATED \_\_\_\_\_  
*(signature required on both pages of this form)*