

Account Number -

Social Security Number (required) - -

Premiere Select[®] Retirement Plan

Beneficiary Designation Form

Please complete all sections of this form to designate a beneficiary or change a beneficiary for your Premiere Select[®] Retirement Plan account. If you are changing a prior beneficiary designation, the information you provide on this form will replace any previous designations you may have made for your Premiere Select Retirement Plan account. Leaving the contingent beneficiaries section blank constitutes an update and will result in the removal of any contingent beneficiary information you may have on file. If you have more than one Premiere Select Retirement Plan Account, you must complete a separate Premiere Select Beneficiary Designation form for each account.

1 Account Information

Owner's Name

Please select Plan type: Profit Sharing Money Purchase

2 Beneficiary Designation

I hereby designate the person(s) named below as primary beneficiary(ies) to receive payment of the value of my Premiere Select Retirement Plan account specified above upon my death. **I understand if I designate anyone other than my spouse as primary beneficiary, spousal consent may be necessary.**

Note: (1) If you wish to designate your estate as your beneficiary, please indicate "Estate" in the Primary Beneficiaries section.

(2) If your account contains community property and you do not designate your spouse as your primary beneficiary for at least 50% of the value of your account, you may want to consult with your attorney or tax advisor to determine the impact of community property laws on your beneficiary designation.

PRIMARY BENEFICIARIES	
1. Name of Beneficiary or Trust _____ Name of Trustee (if applicable) _____ Share %* <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Birth Date or Date of Trust <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Social Security or Tax ID # <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Relationship (x) Spouse <input type="checkbox"/> Non-Spouse Individual <input type="checkbox"/> Trust <input type="checkbox"/> Entity <input type="checkbox"/>
2. Name of Beneficiary or Trust _____ Name of Trustee (if applicable) _____ Share %* <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Birth Date or Date of Trust <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Social Security or Tax ID # <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Relationship (x) Spouse <input type="checkbox"/> Non-Spouse Individual <input type="checkbox"/> Trust <input type="checkbox"/> Entity <input type="checkbox"/>
3. Name of Beneficiary or Trust _____ Name of Trustee (if applicable) _____ Share %* <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Birth Date or Date of Trust <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Social Security or Tax ID # <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Relationship (x) Spouse <input type="checkbox"/> Non-Spouse Individual <input type="checkbox"/> Trust <input type="checkbox"/> Entity <input type="checkbox"/>

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*** Please Note: Total of primary beneficiary's(ies)' share percentages must equal 100%. Must be in percentages. Do not use dollar amounts.**

If more than one person is named and no share percentages are indicated, payment shall be made to my primary beneficiary(ies) who survive(s) me in equal shares. If a percentage is indicated and a primary beneficiary(ies) does not survive me, the percentage of that beneficiary's(ies)' designated share shall be divided equally among the surviving primary beneficiary(ies). If there is no primary beneficiary living at the time of my death I hereby specify that the balance is to be distributed to my contingent beneficiary(ies) listed below.

CONTINGENT BENEFICIARIES	
<p>1. Name of Beneficiary or Trust _____</p> <p>Name of Trustee (if applicable) _____</p> <p>Share %* <input type="text"/><input type="text"/><input type="text"/> . <input type="text"/><input type="text"/></p>	<p>Birth Date or Date of Trust <input type="text"/><input type="text"/> - <input type="text"/><input type="text"/> - <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Social Security or Tax ID # <input type="text"/><input type="text"/><input type="text"/> - <input type="text"/><input type="text"/> - <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Relationship (x) Spouse <input type="checkbox"/> Non-Spouse Individual <input type="checkbox"/> Trust <input type="checkbox"/> Entity <input type="checkbox"/></p>
<p>2. Name of Beneficiary or Trust _____</p> <p>Name of Trustee (if applicable) _____</p> <p>Share %* <input type="text"/><input type="text"/><input type="text"/> . <input type="text"/><input type="text"/></p>	<p>Birth Date or Date of Trust <input type="text"/><input type="text"/> - <input type="text"/><input type="text"/> - <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Social Security or Tax ID # <input type="text"/><input type="text"/><input type="text"/> - <input type="text"/><input type="text"/> - <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Relationship (x) Spouse <input type="checkbox"/> Non-Spouse Individual <input type="checkbox"/> Trust <input type="checkbox"/> Entity <input type="checkbox"/></p>
<p>3. Name of Beneficiary or Trust _____</p> <p>Name of Trustee (if applicable) _____</p> <p>Share %* <input type="text"/><input type="text"/><input type="text"/> . <input type="text"/><input type="text"/></p>	<p>Birth Date or Date of Trust <input type="text"/><input type="text"/> - <input type="text"/><input type="text"/> - <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Social Security or Tax ID # <input type="text"/><input type="text"/><input type="text"/> - <input type="text"/><input type="text"/> - <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Relationship (x) Spouse <input type="checkbox"/> Non-Spouse Individual <input type="checkbox"/> Trust <input type="checkbox"/> Entity <input type="checkbox"/></p>

*** Please note: Total of contingent beneficiary's(ies)' share percentages must equal 100%. Must be in percentages. Do not use dollar amounts. Payment to contingent beneficiaries will be made according to the rules of succession described above under your primary beneficiaries section.**

Please note: Any attachments for additional beneficiaries must include your account number and your signature.

Account Number -

3 Signature

I understand that if I have not previously designated any beneficiary(ies) and choose not to designate any beneficiary(ies), the beneficiary of the above referenced Premiere Select® Retirement Plan account will be my surviving spouse, or, if I do not have a surviving spouse, my estate. I am aware that this designation becomes effective when received and accepted by National Financial Services LLC and will remain in effect until another Premiere Select Retirement Plan Beneficiary Designation form with a later date is delivered and accepted by National Financial Services LLC.

I understand the beneficiary information provided herein shall apply to the Premiere Select® Retirement Plan account indicated above for which Fidelity Management Trust Company (or its affiliates) acts as Trustee, and shall replace all previous designation(s) I have made for the Premiere Select® Retirement Plan account I have indicated above.

Print Your Full Name

Signature Date - -

4 Spousal Consent

I hereby consent to the designation of the primary beneficiary(ies) listed above. I understand this consent allows the beneficiary(ies) listed above to be paid amounts which would otherwise be paid to me.

If you are a participant in a profit sharing plan and elect to have your distribution paid in the form of a life annuity OR if you are a participant in a money purchase plan and elect a distribution other than a joint and survivor annuity, your spouse must consent to this distribution by signing this section in the presence of a notary public or a representative of the plan. A participant may waive a qualified joint and survivor annuity contract and a spouse may consent to such a waiver provided it is made within 90 days before the first plan distribution.

Signature of Participant's Spouse Date - -

Signature of Witness Date - -