DEFERRED COMPENSATION BENEFICIARY CHANGE FORM

Participant Information (please print)

___ – ___ – ___
Social Security Number

Employer Name _____

State _____

Last Name

First Name

MI

Street Address

City

State

Zip Code +4 – ____

(Area Code) Home Phone Number

Email Address

Beneficiary Designation: Indicate the names of the beneficiaries, the split you'd like each one of them to receive, your relationship to the beneficiaries, their Social Security numbers and their dates of birth. *If you do not indicate the percentage, payments will be distributed equally.* This beneficiary designation applies to all funding options (including life insurance) unless otherwise noted. For payout purposes, the Plan Administrator will establish sub-accounts and not separate accounts for beneficiaries, which in the case of multiple beneficiaries may require that required minimum distributions be based on the life expectancy of the oldest beneficiary.

Primary Beneficiary(ies) Designation: I hereby designate the following Primary Beneficiary(ies) to receive in the event of my death, the benefits, if any, then payable under the Plan, except benefits payable to any Designated Joint Annuitant.

PLEASE PRINT:	BENEFICIARY NAME(S)	SPLIT %	RELATIONSHIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH
Primary					
Primary					
Primary					

Contingent Beneficiary(ies) Designation: In the event all Primary Beneficiary(ies) designated above predecease(s) me, I hereby designate the following Contingent Beneficiary(ies) to receive the benefits, if any, payable under the Plan except benefits payable to any designated Joint Annuitant.

PLEASE PRINT:	BENEFICIARY NAME(S)	SPLIT %	RELATIONSHIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH
Contingent					
Contingent					
Contingent					

Attach a separate sheet if you have more than three primary or contingent beneficiaries. Check box ☐ if a separate sheet is attached.

Authorization: This designation supersedes any prior beneficiary designation and shall become effective on the date accepted by the Plan as listed below prior to the account holder's death. Any benefits payable at my death shall be paid in equal shares unless otherwise specified. My death benefits will be paid first to my Primary Beneficiaries. If some of my Primary Beneficiaries predecease me, then my death benefit will be paid to the remaining Primary Beneficiaries. Contingent Beneficiaries will only receive benefits if no Primary Beneficiary survives me. If no beneficiary designation is on file, benefits will be paid pursuant to the sequence set forth in the Plan Document.

WITNESS

Signature of Participant _____ Date _____

Witness Signature _____ Date _____
(Witness can not be a named beneficiary)

Witness Name (*Please print*) _____

Witness Address _____
Street *City* *State* *Zip*

MODEL BENEFICIARY DESIGNATIONS

Please use the following designations as a guide when completing this form.

1. Joan Nation, spouse (Primary).
2. Joan Nation, spouse (Primary), Henry Nation, son (Contingent).
3. Joan Nation, spouse (Primary), Henry Nation and Betty Nation, children (Contingent).
4. Henry Nation and Betty Nation, children (Primary).
5. Henry Nation, John Nation, and Betty Nation, children (Primary).
6. Sara Nation, mother, and George Nation, father (Primary), Jean Nation, sister (Contingent).
7. Estate. (Requires certified copy of "Letters of Office" appointing an executor of the Estate).
8. First National Bank of Canton, Ohio, as Trustee under Trust Agreement with Robert E. Nation dated January 1, 2002. **(Attach a copy of the title and signature page of the Trust).**

Generic beneficiary designations will not be accepted. Examples of generic designations include:

1. My spouse, parent(s), sister(s), brother(s), son(s), daughter(s).
2. My children.
3. Children of this marriage or any past marriage.
4. As designated in my will.