

# DESIGNATION OF BENEFICIARY



## Complete one side only

|                  |                                     |
|------------------|-------------------------------------|
| Participant Name | Social Security Number or OR Number |
| Address          |                                     |
| City, State, Zip | Phone Number                        |

If you choose the Standard Beneficiary Designation, **DO NOT** complete the beneficiary information on the following page. To designate a specific beneficiary or beneficiaries, complete back of form only.

Do not use white-out, circle or cross anything out. ALTERATIONS WILL VOID THIS FORM. If a change is required, use a new form.

### Standard Designation of Beneficiary

- ☐ I elect the Standard Designation of Beneficiary
- (a) To **my spouse**: and if he or she does not survive me, then to
  - (b) my **child or children** in equal shares, and the share of any child who does not survive me to his or her children living at my death in equal shares; but, if none of my children survive me then to the children of my children living at my death in equal shares; and if neither my children nor any of their children survive me, then to
  - (c) my **mother and father** in equal share or to the survivor; and if neither survives me, then to
  - (d) my **brothers and sisters** in equal shares, and the share of any brother and sister who does not survive me to his or her children living at my death in equal shares; but if none of my brothers and sisters survive me, then to the children of my brothers and sisters living at my death in equal shares, then to
  - (e) my **estate**.

The terms "child" and "children," as used in this beneficiary designation shall include both natural born, stepchildren and adopted children, whether born or adopted before or after the date on which I selected this beneficiary.

No payment shall be made to persons included in any of the above groups should there be living at the date of my death person in any groups preceding it as listed.

Except as designated above, no dependents of any beneficiary who does not survive me will take any interest or benefit in property subject to this designation.

If you elect this option, your designation will create a chain of beneficiaries that automatically allows for future marriages, divorces, births, deaths, or adoptions within your family as established by Oregon law. In the event of your death, the value of your account, except for any portion invested through the Self-Directed Brokerage Option, will be transferred from the previous investment options into the Stable Value Fund to preserve the value of the account pending distribution to the designated beneficiary(ies)."

I understand this designation is not effective until received and approved by the Oregon Savings Growth Plan.

I hereby revoke any and all previous designations of beneficiary(ies) to receive my Oregon Savings Growth Plan account assets.

X \_\_\_\_\_  
Participant's Signature (Do not print) Date

|                                                            |                                                                               |
|------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>FOR OFFICIAL USE ONLY – OREGON SAVINGS GROWTH PLAN</b>  |                                                                               |
| <input type="checkbox"/> Participant                       | <input type="checkbox"/> Alternate Payee <input type="checkbox"/> Beneficiary |
| Cross-reference Participant Social Security Number         |                                                                               |
| Approved by Oregon Savings Growth Plan Manager or Designee | Date                                                                          |

Complete one side only

|                  |                                     |
|------------------|-------------------------------------|
| Participant Name | Social Security Number or OR Number |
| Address          |                                     |
| City, State, Zip | Phone Number                        |

- Instructions:**
- If you choose to complete this side, **DO NOT** complete the Standard Designation on the front page.
  - Do not use white-out or cross anything out. ALTERATIONS WILL VOID THIS FORM. If a change is required, use a new form.
  - Allocations have to be in whole percentages and equal 100%.
  - More than one primary beneficiary may be named. If more than one is named, all payments will be split equally between the primary beneficiaries unless an allocation is designated.
  - More than one contingent beneficiary may be named. If more than one is named, all payments will be split equally between the contingent beneficiaries unless an allocation is designated. A contingent beneficiary receives benefits only if he/she survives the participant and the primary beneficiary(ies).
  - Always write full given names. For example, Mary R. Doe (not Mrs. Robert Doe).
  - To designate a trust, you must name a trustee and a successor trustee rather than the trust itself, e.g., To John Doe (name) trustee, or Jane Doe (name), successor trustee, of the (name of trust, dated (date), held by (name and address)).
  - To designate your estate as beneficiary, write "The Personal Representative, Executor, or Administrator of my Estate."

| Primary Beneficiary Name | Social Security Number* | Address (Street, City, State, Zip) | Date of Birth | Relationship to Participant | % |
|--------------------------|-------------------------|------------------------------------|---------------|-----------------------------|---|
|                          |                         |                                    |               |                             |   |
|                          |                         |                                    |               |                             |   |
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|                          |                         |                                    |               |                             |   |
|                          |                         |                                    |               |                             |   |
|                          |                         |                                    |               |                             |   |

| Contingent Beneficiary Name | Social Security Number* | Address (Street, City, State, Zip) | Date of Birth | Relationship to Participant | % |
|-----------------------------|-------------------------|------------------------------------|---------------|-----------------------------|---|
|                             |                         |                                    |               |                             |   |
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|                             |                         |                                    |               |                             |   |
|                             |                         |                                    |               |                             |   |

\* Providing a Social Security Number (SSN) is voluntary. It will be used for confirmation purposes only. Failure to supply a SSN may delay the processing of benefits to a beneficiary.

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I hereby revoke any and all previous designations of beneficiary(ies) to receive my Oregon Savings Growth Plan account assets.

X \_\_\_\_\_  
Participant's Signature (Do not print) Date

In compliance with the Americans with Disabilities Act, staff will provide assistance in filling out this form to anyone who needs it. You may request assistance from your Oregon Savings Growth Plan representative by calling 888.320.7377.

|                                                            |                                          |                                      |
|------------------------------------------------------------|------------------------------------------|--------------------------------------|
| FOR OFFICIAL USE ONLY – OREGON SAVINGS GROWTH PLAN         |                                          |                                      |
| <input type="checkbox"/> Participant                       | <input type="checkbox"/> Alternate Payee | <input type="checkbox"/> Beneficiary |
| Cross-reference Participant Social Security Number         |                                          |                                      |
| Approved by Oregon Savings Growth Plan Manager or Designee |                                          | Date                                 |