



Participant Information

Name	<i>Last</i>	<i>First</i>	<i>Initial</i>
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married			
(check one): <input type="checkbox"/> Social Security Number _____		<input type="checkbox"/> HRMN Employee ID _____	

Plan Selection

If you do not specify otherwise, this designation will apply to the 401(k) and the 457 Plans. This form is not for the Defined Benefit Plan. Please contact the Office of Retirement Services if you wish to change your beneficiary for the Defined Benefit Plan. Complete two forms if you want different beneficiaries for the 401(k) Plan and 457 Plan.

I wish for my designation on the form to apply to my: 401(k) Plan 457 Plan

Primary Beneficiary

I understand that if I am married, my spouse shall automatically be my designated beneficiary under the 401(k) Plan unless I elect otherwise and my spouse consents to such election. (NOTE: IF YOU ARE MARRIED, PLEASE SEE THE SPOUSAL CONSENT SECTION OF THIS FORM FOR APPLICABLE SPOUSAL CONSENT REQUIREMENTS UNDER THE 401(k) PLAN.)

I understand that under the 457 Plan, I may name anyone I wish as my beneficiary.

I hereby designate the following person(s) as primary beneficiary of my account(s) under the Plan(s) if I should die prior to the liquidation of my account.

<u>Name</u>	<u>Name</u>
<u>Social Security Number</u>	<u>Social Security Number</u>
<u>Address</u>	<u>Address</u>
<u>City/State/Zip</u>	<u>City/State/Zip</u>
<u>Date of Birth</u>	<u>Date of Birth</u>
<u>Relationship to Participant</u>	<u>Relationship to Participant</u>
<u>Percentage (whole number)*</u>	<u>Percentage (whole number)*</u>

*If you have designated more than one Beneficiary, percentages must total 100%.

Contingent Beneficiary

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

<u>Name</u>	<u>Name</u>
<u>Social Security Number</u>	<u>Social Security Number</u>
<u>Address</u>	<u>Address</u>
<u>City/State/Zip</u>	<u>City/State/Zip</u>
<u>Date of Birth</u>	<u>Date of Birth</u>
<u>Relationship to Participant</u>	<u>Relationship to Participant</u>
<u>Percentage (whole number)*</u>	<u>Percentage (whole number)*</u>

*If you have designated more than one Beneficiary, percentages must total 100%.

Please see the following page for a description of how beneficiaries are handled under the Plans and for required signatures.



Notes

- If more than one Beneficiary is designated but a percentage using whole numbers for each is not specified, and/or the percentages do not add up to 100%, Voya will be unable to process this form. You will receive notification that you will have to complete and submit the form again.
- If the designated Beneficiary predeceases the Participant or dies before complete distribution, that Beneficiary’s share shall be paid to the Beneficiary’s descendants, unless other arrangements are specifically designated on this form. If more than one primary Beneficiary was designated, the remaining amount of the Participant’s vested account balance, upon the death of the last surviving primary Beneficiary, shall be paid to the Participant’s contingent Beneficiary(ies), (if any).
- If no beneficiary survives the Participant, the benefit shall be payable to the Participant’s spouse, or if no spouse, to the Participant’s Legal Representative or if no Legal Representative, to the Participant’s estate if then under active administration of a probate or similar court, or if not, to those persons who would then take the Participant’s personal property under the Michigan intestate laws.

In the event of any conflict between this form as completed and the terms of the Plan(s) or if any terms are inserted above that are unacceptable to the Plans’ Administrator, then the terms of the Plan(s) as summarized above and as interpreted by the Administrator shall control.

Signature

I reserve the right to revoke or change any beneficiary designation. I hereby revoke all my prior designations (if any) of primary and contingent beneficiaries. (NOTE: IF YOU ARE MARRIED, PLEASE SEE THE SPOUSAL CONSENT SECTION OF THIS FORM FOR APPLICABLE SPOUSAL CONSENT REQUIREMENTS UNDER THE 401(k) PLAN.)

Participant

Date

Consent of Spouse — For 401(k) Plan Only

I acknowledge that I am the spouse of the Participant named on the reverse side of this form. I hereby certify that I have read this Designation of Beneficiary Form and understand that I possess a beneficial interest in my spouse’s account under the **401(k) Plan** if I survive him/her. I hereby acknowledge and consent to the Designation of Beneficiary on the reverse side of this form. My consent shall be irrevocable unless my spouse subsequently changes the designation of beneficiary.

I have executed this consent this _____ day of _____ 20 ____.

Signature of Participant’s Spouse

A CONFIRMATION STATEMENT WILL BE MAILED TO YOU ACKNOWLEDGING THIS ELECTION.

PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS