Reformed Church in America 403(b) Retirement Program

Beneficiary Designation Form

INSTRUCTIONS

Please print clearly in CAPITAL LETTERS, using only blue or black ink. Do not use correction fluid. If you need to change information that you entered, you will need to complete a new form.

Complete all applicable sections. If the form is missing information, the form will be returned to you. The beneficiary designation should not include wording such as "either/or" or "and/or."

Mail to the following address:

Fidelity Investments, PO Box 770003, Cincinnati, OH 45277-0088

If you wish to return your forms using overnight mail, please address your package to:

Fidelity Investments, 100 Crosby Parkway, Covington, KY 41015

BENEFICIARY TYPES

A beneficiary is a person, institution, charitable organization, irrevocable Trust, revocable Trust, or Trust named by you, the participant, to receive payment of benefits provided under the plan in the event of your death. You may designate more than one beneficiary who will share the benefit. You may designate one or more contingent beneficiaries. Contingent beneficiaries will only be entitled to receive payment if none of the primary beneficiaries survive you.

Naming an estate: Letters of appointment issued by the court naming the executor or administrator of the estate must be provided when a claim is filed. Please consult your attorney for advice on the effect of this designation. No additional legal documentation is required at this time.

Naming a trust: Provide the name, date and tax identification number of the trust (if available). If there has not been a tax identification number assigned to the trust, provide your Social Security number. The trust must be established prior to the date this form is submitted. Do not send a copy of the trust agreement. If available, also provide the name and address of one trustee.

Naming an organization: Please list name, address, and tax identification number. Please note that tax identification number is not required.

FREQUENTLY ASKED QUESTIONS

What is a Primary Beneficiary? A primary beneficiary is your first choice to receive the value of a retirement account.

What is a Contingent Beneficiary? A contingent beneficiary is your second choice to receive the value of a retirement account if the primary beneficiary(ies) is (are) not living at the time of the employee's death. Do not enter the same names you have entered as primary beneficiary(ies).

Can I designate my will as a beneficiary? If you wish to have your plan benefit disbursed in accordance with the terms of your will, you should designate your estate as your beneficiary.

Keep this page for your records. Return the completed form to the service center.
C. PRIMARY BENEFICIARY INFORMATION

The sum of the percentages must equal 100%. If you would like to name more than three primary beneficiaries, please add a separate page to this form, which includes the applicable beneficiary information with your signature and date. DO NOT USE A PHOTOCOPY OF THIS FORM.

1. First Name or Name of Trust / Estate / Organization
   - James
   - Smith
   - 123 Street Name
   - Anytown
   - 543216789
   - 01-08-1954
   - 987-65-4321
   - Individual: (If Individual, circle type)
     - Entity: (Check Only One Box)
       - Trust
       - Estate
       - Organization
       - Percentage: 333%

2. First Name or Name of Trust / Estate / Organization
   - Doe
   - Family
   - 56 Street Name
   - Anywhere
   - 123456789
   - 07-04-1992
   - 112-24-4555
   - Individual: (If Individual, circle type)
     - Entity: (Check Only One Box)
       - Trust
       - Estate
       - Organization
       - Percentage: 333%

3. First Name or Name of Trust / Estate / Organization
   - Estate of John Smith
   - Smith
   - Street Name
   - City
   - Zip/Postal Code
   - Beneficiary’s Date of Birth or Trust Date
   - Beneficiary’s SSN (optional) / Tax ID
   - Individual: (If Individual, circle type)
     - Entity: (Check Only One Box)
       - Trust
       - Estate
       - Organization
       - Percentage: 333%

Primary Beneficiary Total Percentage = 100.00 %

Keep this page for your records. Return the completed form to the service center.
Reformed Church in America 403(b) Retirement Program

Beneficiary Designation Form

A. ABOUT YOU

Please print clearly in CAPITAL LETTERS, using blue or black ink only. Do not use correction fluid. If you need to change information that you entered, you will need to complete a new form.

Social Security # (optional): ______ - ______ - ______

Date of Birth: ______ - ______ - ______

Participant Name (First, M, Last): ________________________________

Participant Address: ____________________________________________

Address Line 2: _______________________________________________

City: __________________________ State/Province: __________________

Zip/Postal Code: __________ Country: _____________________________

Marital Status: [ ] Single [ ] Married

Federal law generally provides that the spouse of a married participant is automatically the designated beneficiary under qualified retirement plans, unless the spouse consents in writing (section E) to another primary beneficiary designation (Section C) and this consent is witnessed by a Notary Public.

B. YOUR AUTHORIZATION AND DATE

I reserve the right to revoke or change any beneficiary designation. I hereby revoke all my previous designations made (if any) of primary and contingent beneficiaries for the plans that I have elected in this form, and designate the person(s) listed on this form as my primary beneficiary(ies), and if applicable, contingent beneficiary(ies) for the plans indicated. I understand that this designation will not be valid unless this form is in good order and on file with the plan at the time of my death. If I am married and designating a primary beneficiary(ies) other than my spouse, I understand this designation is invalid without the notarized consent of my spouse.

Your Signature: ___________________________ (Required) Today’s Date: ______ - ______ - ______

[ ] Check here if you are making this designation as an agent for the participant under a valid Power of Attorney.

I understand that I may designate more than one primary beneficiary who will share the benefit in accordance with the percentages designated in Section C. If one or more of the primary beneficiaries does not survive me, the benefit will be allocated proportionately among the remaining primary beneficiaries. I may also designate one or more contingent beneficiaries. A contingent beneficiary would receive payment only if all of the primary beneficiaries I named do not survive me. If one or more of the contingent beneficiaries does not survive me, the benefit will be allocated proportionately among the remaining contingent beneficiaries. If no primary or contingent beneficiaries survive me, then the benefit will be distributed according to the plan’s rules.

By signing and dating this section, you officially designate the person(s) listed on the form as your primary beneficiary(ies), and if applicable, your contingent beneficiary(ies) for this plan. Your beneficiary designation(s) will not be valid unless this form is on file with the plan record-keeper at the time of your death.

If you choose to name someone other than, or in addition to, your spouse as your Primary Beneficiary(ies), you must have your spouse review Sections A and C. Your spouse must then sign and date this form in Section E and have his or her signature witnessed by a Notary Public. A bank, law office or local government office usually has a Notary Public on staff.

Fidelity Investments Institutional Operations Company Inc.
C. PRIMARY BENEFICIARY INFORMATION

The sum of the percentages must equal 100%. If you would like to name more than three primary beneficiaries, please add a separate page to this form, which includes the applicable beneficiary information with your signature and date. DO NOT USE A PHOTOCOPY OF THIS FORM.

<table>
<thead>
<tr>
<th></th>
<th>First Name or Name of Trust / Estate / Organization</th>
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<tbody>
<tr>
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<td>Last Name / Trustee Full Name</td>
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<td>Street No.</td>
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<td>Country</td>
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<td></td>
<td>Beneficiary's Date of Birth or Trust Date</td>
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<td></td>
<td>Beneficiary's SSN (optional) / Tax ID</td>
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<td></td>
<td>Check Here if no SSN (for foreign citizen)</td>
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<tr>
<td></td>
<td>Beneficiary Type: (Check Only One Box)</td>
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<td></td>
<td>Entity: (If Entity, circle type)</td>
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<td></td>
<td>Individual: (If Individual, circle type)</td>
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<tr>
<td></td>
<td>Spouse Domestic Partner Daughter Mother Sister Niece Aunt Grandparent Other</td>
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<td></td>
<td>Percentage: %</td>
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NOTE: Don't forget to sign Section B

Primary Beneficiary Total Percentage = 100.00 %
D. CONTINGENT BENEFICIARY INFORMATION

The sum of the percentages must equal 100%. If you would like to name more than three contingent beneficiaries, please add a separate page to this form, which includes the applicable beneficiary information with your signature and date. DO NOT USE A PHOTOCOPY OF THIS FORM.

1
First Name or Name of Trust / Estate / Organization

Last Name / Trustee Full Name

Street No. Street Name

City State/Province

Zip/ Postal Code Country

Beneficiary’s Date of Birth or Trust Date

Beneficiary’s SSN (optional) / Tax ID

Check Here if no SSN
(for foreign citizen)

Beneficiary Type: (Check Only One Box)

☐ Entity: (If Entity, circle type) Trust Estate Organization Percentage: □ □ □ %

☐ Individual: (If Individual, circle type) Spouse Daughter Mother Sister Niece Aunt Grandparent Other Domestic Partner Son Father Brother Nephew Uncle Cousin

2
First Name or Name of Trust / Estate / Organization

Last Name / Trustee Full Name

Street No. Street Name

City State/Province

Zip/ Postal Code Country

Beneficiary’s Date of Birth or Trust Date

Beneficiary’s SSN (optional) / Tax ID

Check Here if no SSN
(for foreign citizen)

Beneficiary Type: (Check Only One Box)

☐ Entity: (If Entity, circle type) Trust Estate Organization Percentage: □ □ □ %

☐ Individual: (If Individual, circle type) Spouse Daughter Mother Sister Niece Aunt Grandparent Other Domestic Partner Son Father Brother Nephew Uncle Cousin

3
First Name or Name of Trust / Estate / Organization

Last Name / Trustee Full Name

Street No. Street Name

City State/Province

Zip/ Postal Code Country

Beneficiary’s Date of Birth or Trust Date

Beneficiary’s SSN (optional) / Tax ID

Check Here if no SSN
(for foreign citizen)

Beneficiary Type: (Check Only One Box)

☐ Entity: (If Entity, circle type) Trust Estate Organization Percentage: □ □ □ %

☐ Individual: (If Individual, circle type) Spouse Daughter Mother Sister Niece Aunt Grandparent Other Domestic Partner Son Father Brother Nephew Uncle Cousin

NOTE: Don’t forget to sign page Section B

Contingent Beneficiary Total Percentage = 100.00 %
E. YOUR SPOUSE’S CONSENT

Reformed Church in America 403(b) Retirement Program

I hereby consent to the beneficiary designation(s) on this form and acknowledge that (1) I am the spouse of the plan participant listed in Section A, and I am entitled to receive my spouse’s vested benefit from the plan if my spouse is vested and dies; (2) the effect of such designation is to cause my spouse’s vested benefit, or a portion of it, to be paid to a primary beneficiary other than me; (3) my spouse cannot change the primary beneficiary(ies) named in Section C to anyone other than myself, unless I consent to the new designation; (4) each beneficiary designation selected in Section C is not valid unless I consent to it and (5) my consent is irrevocable unless my spouse changes or revokes the respect beneficiary designation. My consent is being given voluntarily and no undue influence or coercion has been exercised in connection with my decision to consent.

Spouse’s Signature: ___________________________  Today’s Date: _______ - _______ - _______.

To be completed by a Notary Public:
On this ______ day of ________, 20____, before me the undersigned notary public, personally appeared (spouse’s name) ____________________________, proved to me through satisfactory evidence of identification, which were ____________________________________, to be the person whose name is signed on the preceding or attached document and acknowledged to me that (he) (she) signed for its stated purpose.

X

My commission expires: ___________________________