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**Fidelity Investments**  
**Beneficiary Designation Form**  
**The Nazarene 403(b) Retirement Savings Plan**  
**Plan #72185**

**Instructions:** Please complete and sign this form if you are opening a new account and want to designate a beneficiary or if you want to change your beneficiary designation on your existing account. In the future you may revoke this form and designate a different beneficiary by completing and delivering another Beneficiary Designation Form to Fidelity. If you do not submit this completed form: 1) If you are married, your beneficiary will be your spouse; 2) If you are not married, or your spouse does not survive you, your assets will be distributed according to the provisions in your plan.

Please complete and return this form in the postage-paid envelope or mail to:

**Fidelity Investments, P.O. Box 770002, Cincinnati, OH 45277-0090**

**Questions?** Call Fidelity Investments toll free at 1-866-NAZARENE (629-2736), Monday through Friday from 7:00 a.m. to 11:00 p.m. CT.

**1. YOUR INFORMATION**

Please use a **black** pen and print clearly in **CAPITAL LETTERS**.

Social Security #: -- Date of Birth: --

First Name:

Last Name:

Street Address:

Address Line 2:

City:  State:

Zip: -

Daytime Phone: -- Evening Phone: --

Name of Current Employer:

Plan Number: 72185

**2. DESIGNATING YOUR BENEFICIARY(IES)**

I am:  Single  Married

If you are married and you do not designate your spouse as your primary beneficiary for 100% of your vested account balance, then your spouse must sign the Spousal Consent portion of this form in the presence of a witness.

**You are not limited to three primary and three contingent beneficiaries.** To designate additional beneficiaries, please attach, date, and sign a separate piece of paper.

**When designating beneficiaries, please use whole percentages** and be sure that the percentages for each group of beneficiaries (primary and contingent) total 100%. Your primary beneficiary cannot be your contingent beneficiary. If you designate a trust as a beneficiary, please include the trust's name and trust date.



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## 2. DESIGNATING YOUR BENEFICIARY(IES) CONTINUED

Please check here if you have more than three primary or contingent beneficiaries.

### Primary Beneficiary(ies)

I hereby designate the person(s) named below as primary beneficiary(ies) to receive payment of the value of my account(s) under the plan upon my death.

1. Individual or Trust Name:	<input type="text"/>	Percentage:	<input type="text"/> <input type="text"/> <input type="text"/>	%
Date of Birth or Trust Date:	<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"/> <input type="text"/>	Relationship to Applicant:	<input type="checkbox"/> Spouse <b>OR</b> <input type="checkbox"/> Trust <b>OR</b> <input type="checkbox"/> Other	
2. Individual or Trust Name:	<input type="text"/>	Percentage:	<input type="text"/> <input type="text"/>	%
Date of Birth or Trust Date:	<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"/> <input type="text"/>	Relationship to Applicant:	<input type="checkbox"/> Spouse <b>OR</b> <input type="checkbox"/> Trust <b>OR</b> <input type="checkbox"/> Other	
3. Individual or Trust Name:	<input type="text"/>	Percentage:	<input type="text"/> <input type="text"/>	%
Date of Birth or Trust Date:	<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"/> <input type="text"/>	Relationship to Applicant:	<input type="checkbox"/> Spouse <b>OR</b> <input type="checkbox"/> Trust <b>OR</b> <input type="checkbox"/> Other	
				<b>Total: = 100%</b>

Unless otherwise specified by my 403(b) plan, if more than one person is named and no percentages are indicated, payment will be made in equal shares to my primary beneficiary(ies) who survive(s) me. If a percentage is indicated and a primary beneficiary(ies) do(es) not survive me, the percentage of that beneficiary's designated share shall be divided equally among the surviving primary beneficiary(ies).

### Contingent Beneficiary(ies)

If there is no primary beneficiary(ies) living at the time of my death, I hereby specify that the value of my account is to be distributed to my contingent beneficiary(ies) listed below.

1. Individual or Trust Name:	<input type="text"/>	Percentage:	<input type="text"/> <input type="text"/> <input type="text"/>	%
Date of Birth or Trust Date:	<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"/> <input type="text"/>	Relationship to Applicant:	<input type="checkbox"/> Spouse <b>OR</b> <input type="checkbox"/> Trust <b>OR</b> <input type="checkbox"/> Other	
2. Individual or Trust Name:	<input type="text"/>	Percentage:	<input type="text"/> <input type="text"/>	%
Date of Birth or Trust Date:	<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"/> <input type="text"/>	Relationship to Applicant:	<input type="checkbox"/> Spouse <b>OR</b> <input type="checkbox"/> Trust <b>OR</b> <input type="checkbox"/> Other	
3. Individual or Trust Name:	<input type="text"/>	Percentage:	<input type="text"/> <input type="text"/>	%
Date of Birth or Trust Date:	<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"/> <input type="text"/>	Relationship to Applicant:	<input type="checkbox"/> Spouse <b>OR</b> <input type="checkbox"/> Trust <b>OR</b> <input type="checkbox"/> Other	
				<b>Total: = 100%</b>

Payment to contingent beneficiary(ies) will be made according to the rules of succession described under Primary Beneficiary(ies).

### 3. SPOUSAL CONSENT

I hereby consent to the designation of the beneficiary(ies) listed above. I understand that (1) the effect of this designation is to cause some or all of my spouse's death benefit to be paid to someone other than me; (2) the beneficiary designation is not valid unless I hereby consent to it; and (3) my consent is irrevocable unless my spouse revokes the beneficiary designation(s).

Signature of Participant's Spouse:

Date:

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Signature of Witness:

Sworn before me this day:

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Print name, address, and relationship of witness:

Name:

Street Address:

City:

State:

 

Zip:

   

Relationship:

### 4. AUTHORIZATION AND SIGNATURE

**Individual Authorization.** By executing this form

- I certify under penalties of perjury that my Social Security number on this form is correct.
- I am aware that the beneficiary information included in this form becomes effective when delivered to Fidelity and will remain in effect until I deliver another completed and signed Beneficiary Designation Form to Fidelity at a later date.
- I understand that I may designate a beneficiary for my assets accumulated under the plan and that if I choose not to designate a beneficiary, my beneficiary will be my surviving spouse, or if I do not have a surviving spouse, my estate unless my Nazarene 403(b) Plan provides otherwise.
- I am aware that the beneficiary information provided herein shall apply to all of my account(s) under the 403(b) plan listed in Section 1 for which Fidelity Management Trust Company (or its affiliates and/or any successor appointed pursuant to the terms of such 403(b) account(s) as applicable) acts as custodian, and shall replace all previous designation(s) I have made on my 403(b) accounts under the plan.

Your Signature:

Date:

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Fidelity Investments Institutional Operations Company, Inc.

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