

Designation of Beneficiary

Company Name _____

Plan Name _____

Plan Number _____

Personal Information

Last Name	First Name	M.I.	Social Security Number
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Instructions:

Using black ink only, complete this Designation of Beneficiary Form, make a copy for your records, and then mail the original to Wells Fargo at the following address:

Wells Fargo Institutional Retirement and Trust
DSR-D1118-026
1525 West WT Harris Blvd
Charlotte, NC 28262-8522

This Designation includes and is subject to the General Provisions on the second page, which should be read carefully before completing this form. Upon filing of the form in accordance with the instructions noted above, I, the participant named above, hereby revoke any beneficiary designation I may previously have made under the above plan, designate the following as my beneficiary(ies) under the plan, and waive the qualified pre-retirement survivor annuity benefit. I have received an explanation of the qualified pre-retirement survivor annuity benefit. I understand that if I am married and name primary beneficiaries other than my spouse for more than 50% of my vested account balance subject to the qualified joint and survivor rules, my spouse must consent by signing on the second page of this form, and, he/she must have that signature witnessed by a notary public; otherwise, my beneficiary designation will be invalid to the extent it exceeds 50% of my vested account balance and 50% of my vested account balance will be used to purchase a qualified pre-retirement survivor annuity for my spouse assuming we have been married for at least one year prior to my death*.

Beneficiary Designations (All fields required) The form has space to name up to three primary and contingent beneficiaries. If you want to name more than three beneficiaries, attach a separate listing of your beneficiaries, with all required beneficiary information noted on the form. Certain fields do not apply to non-individual beneficiaries (such as estates, trusts, or charities).

Primary Beneficiary(ies):

Name	Bene %	Relationship	Social Security # or TIN	Current Address	Date of Birth
1.					
2.					
3.					

100% (Beneficiary percentages must equal 100%)

Contingent Beneficiary(ies):

Name	Bene %	Relationship	Social Security # or TIN	Current Address	Date of Birth
1.					
2.					
3.					

100% (Beneficiary percentages must equal 100%)

Current Marital Status (check one)

For married participants, Federal law requires the spouse to sign this form when the participant designates primary beneficiaries other than the spouse for more than 50% of the account. Failure to do so will invalidate the non-spouse beneficiary designation to the extent it exceeds 50% of the participant's vested account balance and will result in the purchase of a qualified pre-retirement survivor annuity for the spouse using 50% of the participant's vested account balance assuming the participant and spouse were married for at least one year prior to the participant's death*.

Please select 'Unmarried Plan Participant' if your status is any of the following: Single, Legally Separated, Divorced, Widow/Widower, Civil Union or Domestic Partnership. These categories are treated similarly for purposes of applying federal tax law rules relating to spousal consent.

Unmarried Plan Participant

I **am not** married. I understand if my marital status changes in the future, 50% of my vested account balance will be used to purchase a qualified pre-retirement survivor annuity for my spouse assuming my spouse and I were married for at least one year prior to my death*, with the rest of my vested account balance paid to my designated beneficiary(ies), unless a new Designation of Beneficiary Form is filed with the spousal consent completed on the second page of the form.

Married Plan Participant

I **am** married. If my spouse is a Primary Beneficiary of less than 50% of my vested account balance, my spouse has signed the consent on the second page of this form, consenting to the waiver of the qualified pre-retirement survivor annuity benefit. (If consent of your spouse cannot be obtained, e.g. cannot be located or is incapacitated, contact your employer for information about possible alternatives.) I understand if this Form is executed with my spouse's consent prior to the plan year in which I turn 35 (or the date I separate from service, if earlier), it will become invalid upon on the first day of the plan year in which I turn 35 and I will have to execute another Form with my spouse's consent, or 50% of my vested account balance will be used to purchase a qualified pre-retirement survivor annuity for my spouse.

Participant Signature** _____

Date** _____

*If required by the plan.

**Your form is not complete unless signed and dated.

Confidential once Completed and Returned

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Consent by Spouse

I certify I am the spouse of the participant named on the first page of this form, and understand that I have the right to 50% of my spouse's vested account in the plan as provided by the plan's qualified pre-retirement survivor annuity (QPSA) rules after my spouse dies assuming we have been married for at least one year prior to my spouse's death*. I have reviewed the explanation of the QPSA and I agree to give up any share of such benefit that I would otherwise be entitled to and allow my spouse to designate the named beneficiary(ies) to receive such benefits. I am aware that by signing this consent, I may receive less money than I would have received under the special QPSA payment form and I may receive nothing from the plan after my spouse dies. I understand that if I do not sign this consent, then I will receive any QPSA benefit provided by the Plan if my spouse dies before he or she begins to receive retirement benefits. I understand that I do not have to sign this consent. I am signing this agreement voluntarily. I, in writing witnessed by a notary public, hereby consent to and acknowledge the effect of this beneficiary designation.

Spouse Signature _____

Date _____

Signature witnessed by Notary Public:

State of _____ ()
County of _____ () ss.

BEFORE ME, the undersigned, a Notary Public, personally appeared _____ who executed the above Consent by Spouse as a free and voluntary act.

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal on _____, _____.

SEAL Notary Public _____

My Commission expires: _____

(If witnessed by a Notary Public, the notarial seal must be affixed.)

General Provisions

1. A separate account will be set up for each beneficiary upon the participant's death, as evidenced by a certified copy of a death certificate or other proof of death acceptable to the plan administrator.
2. Unless otherwise expressly provided on the first page of this Designation of Beneficiary Form, and subject to the terms of the plan, all sums payable under the plan by reason of the death of the participant shall be paid as follows:
 - a) The entire death benefit shall be paid in equal shares to the primary beneficiaries who survive the participant.
 - b) If no primary beneficiary survives the participant, the entire death benefit shall be paid in equal shares to the contingent beneficiaries who survive the participant. A contingent beneficiary will only receive a benefit if ALL primary beneficiaries predecease the participant.
 - c) If no primary or contingent beneficiary survives the participant, the entire death benefit shall be paid according to the terms of the plan.
 - d) If a beneficiary is alive and otherwise eligible to receive a benefit on the date of the participant's death but dies before actually receiving payment of the entire benefit, the remaining benefit shall be paid to the deceased Beneficiary's estate unless the deceased beneficiary designated his or her own beneficiary.
 - e) If a primary or contingent beneficiary does not survive the participant, such beneficiary's interest shall lapse, and the percentage of any remaining primary or contingent beneficiaries shall be increased on a pro rata basis.
3. The participant may change this Designation of Beneficiary Form at any time without the consent of any person designated as a beneficiary (other than any required consent by spouse).
4. Neither this Designation of Beneficiary Form nor any future change to it will be effective for any purpose unless filed with Wells Fargo in accordance with the instructions noted on the first page and prior to the death of the participant.
5. This Designation of Beneficiary Form is subject to the terms of the plan, as it may be amended from time to time. All rights of the participant, the designated beneficiaries, and any other person who benefits under the plan are governed by the terms of the plan. The employer has the right to amend the plan in any manner that may affect this Form without notice to, or consent of, any participant or beneficiary.
6. This Designation of Beneficiary Form only applies to the plan named in the top left corner on the first page of the Form. It does not affect the beneficiary designations you have made for any of your other employee benefit plans or life insurance benefits.
7. A participant's waiver of a qualified pre-retirement survivor annuity benefit executed with spousal consent becomes invalid on the first day of the plan year in which the participant reaches age 35 if it was executed before that date (or before the date the participant separates from service, if earlier). A participant should complete a new Designation of Beneficiary Form after that date to continue to waive the qualified pre-retirement survivor annuity benefit and to designate another beneficiary.

Remember to mail your completed original beneficiary form to Wells Fargo at the following address and make a copy of this form for your files:

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