

DESIGNATION OF BENEFICIARY TAX-DEFERRED ANNUITY (TDA)

| Member Inforn | nation | PLEASE PR | INT OR TYPE | | |
|---|--|--|---|---|--------------------|
| Name | | Social Security Numb | | ber | |
| Beneficiaries | | | | | |
| PRIMARY - I direct trive me. | that the value of my | y TDA account be paid on | my death to the pi | rimary beneficiaries desigr | nated below who su |
| Name | | Name | | Name | |
| Address | | Address | | Address | |
| | | | | | |
| Social Security Number | Date of Birth | Social Security Number | Date of Birth | Social Security Number | Date of Birth |
| Relationship | | Relationship | | Relationship | |
| CONTINGENT - If the primary beneficiand beneficiaries designated below who survalue | | • • | | nt be made on my death to the contingent Name | |
| peneficiaries design | | rvive me. | direct that paymen | · | the contingent |
| oeneficiaries design Name | | rvive me. | direct that paymen | · | the contingent |
| oeneficiaries design Name Address | | rvive me. Name | Date of Birth | Name | Date of Birth |
| oeneficiaries design | ated below who su | Name Address | | Name Address | |
| Deneficiaries designa Name Address Social Security Number | Date of Birth | rvive me. Name Address Social Security Number | Date of Birth | Name Address Social Security Number Relationship | |
| Deneficiaries designation Name Address Social Security Number Relationship Spouse's Conse | Date of Birth | Address Social Security Number Relationship Source May attach a sheet to this form | Date of Birth with additional beneficia | Name Address Social Security Number Relationship ary information) 's designations of benefits | Date of Birth |
| Name Address Social Security Number Relationship | Date of Birth | Address Social Security Number Relationship Source May attach a sheet to this form | Date of Birth with additional beneficia | Name Address Social Security Number Relationship ary information) | Date of Birth |
| Name Address Social Security Number Relationship Spouse's Conse Signature of Spouse | Date of Birth (You | Address Social Security Number Relationship Du may attach a sheet to this form married) I hereby conse | Date of Birth with additional beneficia | Name Address Social Security Number Relationship ary information) 's designations of benefits | Date of Birth |
| Spouse's Conse Signature of Spouse Signature of Witness (oth | Date of Birth (Your ent - (required if refer than Beneficiary or Market th | Address Social Security Number Relationship Du may attach a sheet to this form married) I hereby conse | Date of Birth with additional beneficient to my spouse | Address Social Security Number Relationship ary information) 's designations of beneficial Date | Date of Birth |
| Name Address Social Security Number Relationship Spouse's Conse Signature of Spouse Signature of Witness (oth | Date of Birth (Your ent - (required if refer than Beneficiary or Market th | Address Social Security Number Relationship Du may attach a sheet to this form married) I hereby conse | Date of Birth with additional beneficient to my spouse | Address Social Security Number Relationship Sary information) Salary bate Date Date | Date of Birth |

See important information on reverse side.

Date

Title

Authorized Signature



DESIGNATION OF BENEFICIARY TAX-DEFERRED ANNUITY (TDA)

- This form is for the designation of beneficiaries for your TDA account. It allows you to
 designate who will receive payment of your TDA account in the event of your death. This is an
 important document, critical in your estate planning, which should be completed with care. It
 ensures that your wishes regarding the payment of your TDA account at your death will be honored. An acknowledged copy will be sent to you and should be kept in a safe place with your other
 records.
- Any individual(s) or institution(s) can be designated as beneficiaries.
- The value of your TDA account will be paid to the surviving primary beneficiaries designated on this form.
- If there are no surviving primary beneficiaries, payment will be made on your death to the surviving contingent beneficiaries designated on this form.
- If there are no surviving designated beneficiaries, payment will be made on your death to your spouse, if any.
- If there are no surviving designated beneficiaries or spouse, payment will be made on your death to your estate.
- By completing a new beneficiary form, you will be revoking any previous beneficiary designations for this account.
- It is important to keep beneficiary designations up to date. If you wish to make changes, please request a new form.

If there are any questions, please call an MMBB Senior Benefits Specialist, toll free, at 1-800-986-6222 or email service@mmbb.org.

Please return this completed form to: