TULALIP TRIBES OF WASHINGTON EMPLOYEES' RETIREMENT PLAN

WELLS FARGO BENEFICIARY DESIGNATION

The beneficiary designation is used to assign the recipient of your account balance upon the event of your death. You must complete this form at the time of enrollment. This form may also be used to change your beneficiary designation at any time. Please return the completed and signed form to your Benefits Department.

Complete Your Personal Information

Name _____ Social Security #_____
Last *First* *MI*

Clock-In # _____ Department: _____

Birth Date _____ Marital Status: ☐ Single ☐ Married ☐ Legally Separated

Section I: Beneficiary Designation

Both Primary and Secondary Beneficiary(ies) must be designated. Sign and date the form upon completion. Additional Beneficiaries may be identified as Primary or Secondary on a separate sheet of paper.

Primary Beneficiary(ies) ☐ Spouse ☐ Alternate Payee

If you are legally married and choose a Primary Beneficiary other than your spouse ("Alternate Payee"), you must complete Section II, and your spouse must approve and sign the Spousal Consent waiver as witnessed by a notary or your Plan Administrator. Percentages for all Primary Beneficiaries must total 100%.

Name: _____ Relationship:_____
Last First MI

Address:_____
Street Apt #/PO Box City State ZIP Code

Home Phone: _____ Cell Phone: _____

Birth Date: _____ Social Security #: _____ Percent %_____
mm dd yyyy

Name: _____ Relationship:_____
Last First MI

Address:_____
Street Apt #/PO Box City State ZIP Code

Home Phone: _____ Cell Phone: _____

Birth Date: _____ Social Security #: _____ Percent %_____
mm dd yyyy

Secondary Beneficiary(ies) Percentages for all Secondary Beneficiaries must total 100%.

Name: _____ Relationship:_____
Last First MI

Address:_____
Street Apt #/PO Box City State ZIP Code

Home Phone: _____ Cell Phone: _____

Birth Date: _____ Social Security #: _____ Percent %_____
mm dd yyyy

(continued)

Secondary Beneficiary(ies) (continued)

Name: _____ Relationship: _____
Last First MI

Address: _____
Street Apt #/PO Box City State ZIP Code

Home Phone: _____ Cell Phone: _____

Birth Date: _____ Social Security #: _____ Percent %_____
mm dd yyyy

If none of my designated beneficiaries are living at the time of my death, or I have not designated a beneficiary, then any distribution of my plan accounts shall be payable to my surviving spouse or, if there is no surviving spouse, then according to plan provisions.

Participant's Signature _____ Date: _____

Section II: Spousal Consent (Do not complete this section if your spouse is the sole Primary Beneficiary.)

I hereby consent to the above designation by my spouse of a specific beneficiary other than me under the Plan and I understand that my spouse's election is not valid unless I consent to it, and that my consent to the above-named beneficiary is irrevocable unless my spouse revokes the election. I have read the instructions on the reverse side and understand that by consenting to the above designation, either (i) no benefit from the Plan will be payable to me upon my spouse's death or (ii) only a partial benefit from the Plan will be payable to me upon my spouse's death if a joint primary designation was elected above.

Spouse's Signature: _____ Date: _____

Acknowledgement of Witness (Plan Administrator or Notary Public):

I hereby acknowledge that _____, to me known personally, appeared before me on the _____ day of _____ and subscribed his/her name above and acknowledged to me that he/she did so as his/her free and voluntary act and deed for the uses and purposes set forth in this beneficiary designation form.

Notary Public for the State/Commonwealth of: _____ County of: _____

Notary Signature: _____ Date: _____

My commission expires: _____ Affix seal here:

OR

_____
Plan Administrator Signature

Please return your completed and signed form to your Benefits Department