



Principal Life Insurance Company  
Des Moines, IA 50306-9394

My personal information (please print with black ink)

<b>Name</b>			<b>Phone number</b>		<b>Email address</b>
_____	_____	_____	_____ - _____	_____ - _____	_____
Last	First	MI	<input type="radio"/> Home	<input type="radio"/> Mobile	
<b>Address</b>					
_____	_____	_____	_____	_____	_____
Street	City	State	Zip	Country	
<b>Social Security number</b>		<b>Date of birth</b>	<b>Gender</b>	<b>Marital status</b>	
_____ - _____		____/____/____	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Single <input type="radio"/> Married	
<b>Expected retirement age</b>	<b>Original date of employment</b>		<b>NOTE:</b> The email address you submit will be used for services provided by Principal Financial Group®, unless otherwise elected. We will not provide your email to third parties. For more information, see your privacy policy at principal.com.		
_____	____/____/____				
If you were rehired, complete these dates:	<b>Date of termination</b>	<b>Date of rehire</b>			
	____/____/____	____/____/____			

**Rollover funds**  **Yes!** Help me roll over retirement savings from a previous employer's retirement plan. Call Principal at 1-800-547-7754, Monday - Friday, 7a.m. - 9 p.m. CT.

Complete if you would like to consolidate retirement savings. Please  **call** or  **email** me to discuss my options. My estimated rollover balance is \$ \_\_\_\_\_.

Complete all 3 Steps **1** **2** **3** to enroll in the retirement savings plan, or to make changes to your contribution percentage.

**1** My contributions<sup>A</sup>

**Enroll me!** (pick one)

I elect to contribute \_\_\_\_\_% (0% to 100%) or \$\_\_\_\_\_ of my current and future pay per pay period.

I am already enrolled, but I want to change my contribution to \_\_\_\_\_% (0% to 100%) or \$\_\_\_\_\_ of my current and future pay per pay period.

I choose **not to contribute** to the retirement plan at this time.

### My contributions

<sup>A</sup> Elective deferral contributions are limited to the lesser of the plan or IRS Limit for the current calendar year.

## 2 My investment choices

Please elect **One of the two choices** by checking the box(es) and completing the applicable information for your choice.

(If you are already enrolled and want to make changes to how future contributions are directed, visit principal.com or call 1-800-547-7754.)

### Choice A: Quick Option — Principal LifeTime Funds

I elect a **Quick Option — Principal LifeTime Funds**

I understand contributions will be directed to the plan’s Qualified Default Investment Alternative; one of the Principal LifeTime Funds based on the plan’s normal retirement date.<sup>1</sup> I have read the plan’s QDIA notice and enclosed investment information related to this investment. **I do not want to make another investment election at this time, and this will be treated as my investment option direction.**

**Still need help?** Log into your account at principal.com for more investment options available to you through your employers retirement plan.

(Please refer to the Investment Option Summary for more information.)

> If you’ve completed this section, move ahead to **My signature!** **3**

<sup>1</sup> Principal LifeTime Funds are available as another way to use an asset allocation strategy that may be right for you. There are other investment options available under the retirement plan, and you should review them all. Reviewing all investment options can help you decide whether you wish to design your own mix of investment options. Please note that your contribution will be directed to the plan’s QDIA - Principal LifeTime Funds based on a particular target date or retirement date. If you would rather choose your own mix of investment options, you may do so by completing the Build My Own Portfolio section of this form or visiting principal.com.

### Choice B: Build my own portfolio

I elect the following investment options (enter percentages below.)

(Please refer to the Investment Option Summary for more information.)

	Elective deferral	Employer
<b>Short-Term Fixed Income</b>		
Fixed Income Guaranteed Option	_____ %	_____ %
<b>Fixed Income</b>		
BlackRock High Yield Bond K Fund	_____ %	_____ %
PIMCO Income Institutional Fund	_____ %	_____ %
Vanguard Inflation-Protected Securities Admiral Fund	_____ %	_____ %

## My investment choices

	Elective deferral	Employer
Vanguard Total Bond Market Index Admiral Fund	_____ %	_____ %
<b>Balanced/Asset Allocation</b>		
Principal LifeTime Strategic Income Inst Fund	_____ %	_____ %
Principal LifeTime 2010 Inst Fund	_____ %	_____ %
Principal LifeTime 2015 Inst Fund	_____ %	_____ %
Principal LifeTime 2020 Inst Fund	_____ %	_____ %
Principal LifeTime 2025 Inst Fund	_____ %	_____ %
Principal LifeTime 2030 Inst Fund	_____ %	_____ %
Principal LifeTime 2035 Inst Fund	_____ %	_____ %
Principal LifeTime 2040 Inst Fund	_____ %	_____ %
Principal LifeTime 2045 Inst Fund	_____ %	_____ %
Principal LifeTime 2050 Inst Fund	_____ %	_____ %
Principal LifeTime 2055 Inst Fund	_____ %	_____ %
Principal LifeTime 2060 Inst Fund	_____ %	_____ %
Principal LifeTime 2065 Inst Fund	_____ %	_____ %
SAM Balanced Inst Portfolio	_____ %	_____ %
SAM Conservative Balanced Inst Portfolio	_____ %	_____ %
SAM Conservative Growth Inst Portfolio	_____ %	_____ %
SAM Flexible Income Inst Portfolio	_____ %	_____ %
SAM Strategic Growth Inst Portfolio	_____ %	_____ %
<b>Large U.S. Equity</b>		
AQR Large Cap Defensive Style I Fund	_____ %	_____ %
MFS Value R6 Fund	_____ %	_____ %
LargeCap S&P 500 Index Inst Fund	_____ %	_____ %
Vanguard US Growth Admiral Fund	_____ %	_____ %
<b>Small/Mid U.S. Equity</b>		
MassMutual Select Mid Cap Growth R5 Fund	_____ %	_____ %
MidCap S&P 400 Index Inst Fund	_____ %	_____ %
SmallCap S&P 600 Index Inst Fund	_____ %	_____ %
Vanguard Mid-Cap Value Index Admiral Fund	_____ %	_____ %
Vanguard Real Estate Index Admiral Fund	_____ %	_____ %
Vanguard Small Cap Growth Index Admiral Fund	_____ %	_____ %
Vanguard Small Cap Value Index Admiral Fund	_____ %	_____ %
<b>International Equity</b>		
American Funds New Perspective R6 Fund	_____ %	_____ %
American Funds SMALLCAP World R6 Fund	_____ %	_____ %
DFA Emerging Markets Core Equity I Fund	_____ %	_____ %
Invesco Oppenheimer International Growth R6 Fund	_____ %	_____ %
<b>Total of all lines:</b>	<b>100 %</b>	<b>100 %</b>

Your investment election will be effective when it is received in the Corporate Center of Principal by the close of market. Forms received after the close of market will be processed on the next open market date. If no investment election is received, or contributions are received prior to your investment election, contributions will be directed according to the plan's default investment alternative(s): Principal LifeTime Fund based on your current age and the plan's normal retirement date.

Please log in to principal.com for more details.

➤ If you've completed this section, move ahead to **My signature!** 3

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**3** My signature

Please **sign**, then give this completed form to your benefits representative.

This agreement applies to amounts earned until changed by me in writing. I understand my plan sponsor may reduce my contributions only when required to meet certain plan limits. I will review all statements regularly and report any discrepancy to Principal immediately.

Signature

X

Date

/ /

Be sure you have completed all **3 steps** **1** **2** **3**

**Return** your completed form to your benefits representative.

## Important information

Insurance products and plan administrative services are provided through Principal Life Insurance Co., a member of the Principal Financial Group®, Des Moines, IA 50392. Certain investment options and contract riders may not be available in all states or U.S. commonwealths.

The subject matter in this communication is educational only and provided with the understanding that Principal® is not rendering legal, accounting, or tax advice. You should consult with appropriate counsel or other advisors on all matters pertaining to legal, tax, or accounting obligations and requirements.

This enrollment form content is current as of the production date noted below. If there are any discrepancies between this information and the legal plan document, the legal plan document will govern. If the production date is older than three months or has passed a quarter end, you should contact your plan sponsor or log in to [principal.com](http://principal.com) for current retirement plan and investment option information including a prospectus if applicable. The member companies of the Principal Financial Group® prohibit the manipulation of this enrollment form content. If your plan sponsor elects to provide this enrollment form electronically, Principal® is not responsible for any unauthorized changes.

<sup>A</sup> Sub-Advised Investment Options include Separate Accounts available through a group annuity contract with the Principal Life Insurance Company. Insurance products and plan administrative services, if applicable, are provided by Principal Life Insurance Company a member of the Principal Financial Group, Des Moines, IA 50392. See the fact sheet for the full name of the Separate Account. Certain investment options may not be available in all states or U.S. commonwealths. Principal Life Insurance Company reserves the right to defer payments or transfers from Principal Life Separate Accounts as described in the group annuity contracts providing access to the Separate Accounts or as required by applicable law. Such deferment will be based on factors that may include situations such as: unstable or disorderly financial markets; investment conditions which do not allow for orderly investment transactions; or investment, liquidity, and other risks inherent in real estate (such as those associated with general and local economic conditions). If you elect to allocate funds to a Separate Account, you may not be able to immediately withdraw them.

<sup>1</sup> Principal LifeTime portfolios are available as another way to use an asset allocation strategy that may be right for you. There are other investment options available under the retirement plan, and you should review them all. Reviewing all investment options can help you decide whether you wish to design your own mix of investment options. Please note that your contribution will be directed to the Principal LifeTime portfolio based on a particular target date or retirement date. If you would rather choose your own mix of investment options, you may do so by completing the Build My Own Portfolio section of this form or visiting [principal.com](http://principal.com).

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Your plan sponsor has chosen to make available to you all of the investment options listed on this enrollment form.

Information in this enrollment form should not be construed as investment advice.

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Contract/Plan ID Number: \_\_\_\_\_

Location Number: \_\_\_\_\_

**Retirement plan beneficiary designation**

CTD01304

You may designate your beneficiary either online at principal.com or by completing the below form.

Follow these steps to name your beneficiary(ies): 1) Complete the Personal Information section. 2) Select one of the beneficiary choices (Choice A, Choice B or Choice C). See Page 3 for more detailed instructions and examples. 3) Name your beneficiary(ies) on Page 2. 4) Sign the form at the bottom of Page 2. 5) Return the beneficiary form to the Principal Financial Group by fax: 866.704.3481, or by mail: Principal Financial Group, P.O. Box 9394, Des Moines, IA 50306-9394.

**My personal information (please print with black ink)**

<b>Name</b>			<b>Phone number</b>		<b>Social Security number</b>	
_____	_____	_____	-	-	-	-
Last	First	MI				
<b>Address</b>				<b>Email address</b>		
_____	_____	_____	_____	_____		
Street	City	State	Zip			

**My beneficiary choices (pick one)**

- Choice A: Single participant** (includes widowed, divorced or legally separated)  
I am not married and designate the individual(s) named on Page 2 of this form to receive death benefits from the plan. I understand if I marry, this designation is void one year after my marriage (some plans specify a shorter period).
- Choice B: Married with spouse as sole beneficiary** (spouse's signature is not required)  
I am married and designate my spouse named on Page 2 of this form to receive all death benefits from the plan/contract.
- Choice C: Married with spouse not as sole primary beneficiary**  
[Spouse's signature **required** — review the Qualified Preretirement Survivor Annuity (QPSA) consent at the end of this form.]  
I am married and designate the individual(s) named on Page 2 of this form to receive death benefits in accordance with the plan provisions. **Note:** If you are married and do not name your spouse as the sole primary beneficiary, your spouse must sign the consent below. The signature must be witnessed by a plan representative or notary public. If you are younger than age 35, your spouse must again consent to this in writing at the start of the plan year in which you reach age 35 for this designation to remain effect.  
**Notice to spouse:** In signing, you are also verifying that you have read the QPSA notice and consent on the last page of this form.  
 **By checking this box,** I agree only to the beneficiary designation on this form. My spouse cannot change the beneficiary without my consent.

<b>Spouse's Signature</b> (must be witnessed by a plan representative or notary public)	<b>Date</b>
X _____	_____/_____/_____

<b>The spouse appeared before me and signed the consent on:</b>	<b>Plan Representative or Notary Public Signature</b>	<b>Date</b>
_____/_____/_____	X _____	_____/_____/_____

(Check if applicable) I certify that my spouse cannot be located to sign this consent. I will notify the plan sponsor if my spouse is located. **Note:** If your spouse cannot be located, check this box and have it witnessed by the plan representative. It must be established to the satisfaction of the plan representative that your spouse cannot be located.  
I certify that spousal consent cannot be obtained because the spouse cannot be located.

<b>Plan Representative Signature</b>	<b>Date</b>
X _____	_____/_____/_____

Contract/Plan ID Number: \_\_\_\_\_

**Naming my beneficiary(ies)**

Before completing, please read the instructions, examples and Qualified Preretirement Survivor Annuity notice on this form. You may name one or more primary and/or contingent beneficiaries. If you need more space to name beneficiaries or name a Trust, Testamentary Trust, or minor children (custodian for minors), please attach a separate list that you have signed and dated. **Note:** Unless otherwise provided, if two or more beneficiaries are named, the proceeds shall be paid to the named beneficiaries, or to the survivor or survivors, in equal shares.

**Name** [primary beneficiary(ies)]      **Date of birth**      **Relationship**      **Social Security number**      **Percent**  
\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**Address**      **City**      **State**      **ZIP**  
\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

**Name** [primary beneficiary(ies)]      **Date of birth**      **Relationship**      **Social Security number**      **Percent**  
\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**Address**      **City**      **State**      **ZIP**  
\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

**If primary beneficiary(ies) is not living, pay death benefits to:**

In most circumstances, your contingent beneficiary(ies) will only receive a death benefit if the primary beneficiary predeceases you and the death benefit has not been paid in full.

**Name** [contingent beneficiary(ies)]      **Date of birth**      **Relationship**      **Social Security number**      **Percent**  
\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**Address**      **City**      **State**      **ZIP**  
\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

**Name** [contingent beneficiary(ies)]      **Date of birth**      **Relationship**      **Social Security number**      **Percent**  
\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**Address**      **City**      **State**      **ZIP**  
\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

**Name change**

**Change my name from:** \_\_\_\_\_ **Change my name to:** \_\_\_\_\_ **Date** \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Reason:**  Married     Divorce—must attach divorce decree     Other—provide reason: \_\_\_\_\_

**My signature**

This designation revokes all prior designations made under the retirement plan.

**My signature** (required)      **Date**  
X \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Under the penalties of perjury**, I certify by my signature that all of the information on this beneficiary designation form is true, current and complete.

Contract/Plan ID Number: \_\_\_\_\_

## Instructions

Read carefully before completing this form. To be sure death benefits are paid as you wish, follow these guidelines:

**Use Choice A** If you are not married.

**Use Choice B** If you are married and want all death benefits from the plan paid to your spouse. Your spouse does not have to sign the form.

**Use Choice C** If you are married and want death benefits paid to someone other than your spouse, in addition to your spouse, or to a trust or estate. Your spouse must sign the spouse's consent on this form. This signature must be witnessed by a plan representative or notary public.

**You may name one or more contingent beneficiaries.** If you need more space to name beneficiaries or name a Trust, Testamentary Trust, or minor children (custodian for minors), please attach a separate list that you have signed and dated.

**Be sure you sign and date the form.** Keep a copy of this form for your records. If you do not date the form, the designation will become effective the day it's received by your plan sponsor or Principal Life Insurance Company depending upon plan provisions.

If your marital status changes, review your beneficiary designation to be sure it meets these requirements. If your name changes, complete the Name Change section of this form.

## Examples of naming beneficiaries

Be sure to use given names such as "Mary M. Doe," not "Mrs. John Doe," and include the address and relationship of the beneficiary or beneficiaries to the participant. If you need more space to name beneficiaries or name a Trust, Testamentary Trust, or minor children (custodian for minors), please attach a separate list that you have signed and dated. The following examples may be helpful to you.

	Name	Relationship	Social Security number	Address	Amount/percent
<b>One primary beneficiary</b>	Mary M. Doe	Sister	###-##-####	XXXXXXXXXXXX	100%
<b>Two primary beneficiaries</b>	Jane J. Doe John J. Doe or to the survivor	Mother Father	###-##-#### ###-##-####	XXXXXXXXXXXX XXXXXXXXXXXX	50% 50%
<b>One primary beneficiary and one contingent</b>	Jane J. Doe if living; otherwise to John J. Doe	Spouse Son	###-##-#### ###-##-####	XXXXXXXXXXXX XXXXXXXXXXXX	100% 100%
<b>Estate</b>	My Estate				100%
<b>Trust</b>	ABC Bank and Trust Co.	Trustee or successor in trust under (trust name) established (date of trust agreement)		XXXXXXXXXXXX	100%
<b>Testamentary trust</b> (Trust established within the participant's will)	John J. Doe/Trust created by the Last Will and ABC Bank Testament of the participant			XXXXXXXXXXXX	100%
<b>Children and grandchildren</b> (if beneficiary is a minor, use sample wording shown below)	John J. Doe Jane J. Doe William J. Doe	Son Daughter Son		XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX	33% 33% 33%
	If any of my children predecease me, the surviving children of any such child shall receive in the share their parent would have received, if living. If no child of a deceased child survives, the share of that child of mine shall go to the survivor or survivors of my children, equally.				
<b>Minor children</b> (custodian for minor)	John J. Doe, son, and Jane J. Doe, daughter, equally, or to the survivor. However, if any proceeds become payable to the beneficiary who is a minor as defined by the Iowa Uniform Transfers to Minors Act (UTMA), such proceeds shall be paid to Frank Doe as custodian for John Doe under the Iowa UTMA, and Frank Doe as custodian for Jane Doe under the Iowa UTMA.				



Contract/Plan ID Number: \_\_\_\_\_

## Qualified Preretirement Survivor Annuity (QPSA) notice

If your spouse has a vested account in a retirement plan, federal law requires that you receive a special death benefit if your spouse dies before beginning to receive retirement benefits (or, if earlier, before the beginning of the period for which the retirement benefits are paid).

If you have been married to your spouse for at least one year (some plans may specify a shorter time period), you have the right to receive this payment for your life beginning after your spouse dies. The special death benefit is often called a qualified preretirement survivor annuity (QPSA). This death benefit will automatically be paid in a lump sum rather than as a QPSA if the value of the death benefit is \$5,000\* or less.

If the lump-sum value of the death benefit is greater than \$5,000, the death benefit will be paid in the form of a QPSA. Other options may be available. The actual amount of the QPSA benefit will vary depending on the vested account balance, your age and the cost to purchase the benefit.

Your right to the QPSA benefit provided by federal law cannot be taken away, unless you agree to give up that benefit. If you agree, your spouse can choose to have all or part of the death benefit paid to someone else. The person your spouse chooses to receive the death benefit is usually called the beneficiary. As an example, if you agree, your spouse can have the death benefit paid to his or her children instead of you.

**Example:** Pat and Robin Doe agree that Robin will not receive the QPSA benefit. Pat and Robin also decide that half of the death benefit that is paid from Pat's vested account will be paid to Robin, and half of the death benefit will be paid to Pat and Robin's child, Chris. The total death benefit is \$200 per month. After Pat dies, the plan will pay \$100 per month to Robin for the rest of Robin's life. Chris will also receive payments from the plan as long as he lives. Chris will receive less than \$100 per month because Chris, being younger than Robin, is expected to receive payments over a longer period.

Your choice to give up the QPSA benefit must be voluntary. It is your personal decision if you want to give up the right. If you sign this agreement, your spouse can choose the beneficiary who will receive the death benefit without telling you and without getting your agreement. Your spouse can change the beneficiary at any time before he or she begins receiving benefits or dies. You have the right to agree to allow your spouse to select only a particular beneficiary. If you want to allow your

spouse to select only a particular beneficiary, check the box in Choice C under the My Beneficiary Choices section, which will limit the beneficiary choice to the one designated on this form.

You can agree to give up all or part of the QPSA benefit. If you do so, the plan will pay you the part of the benefit you did not give up, and pay the remaining part of the benefit to the person or persons selected by your spouse.

You can change your mind with respect to giving up your right to the QPSA benefit until the date your spouse dies. After that date, you cannot change this agreement. If you change your mind, you must notify the plan administrator in writing that you want to revoke the consent you give on this form.

You may lose your right to the QPSA benefit if your spouse and you become legally separated or divorced even if you do not sign this agreement. However, if you become legally separated or divorced, you might be able to get a special court order called a qualified domestic relations order (QDRO) that specifically protects your rights to receive the QPSA benefit or that gives you other benefits under this plan. If you are thinking about separating or getting a divorce, you should get legal advice on your rights to benefits from the plan.

## QPSA spousal consent and agreement

I understand that I have a right to a QPSA benefit from my spouse's retirement account (see prior section for explanation of QPSA benefit) if my spouse dies prior to receiving retirement benefits—or if earlier, before the beginning of the period for which the retirement benefits are paid. I also understand that if the value of the QPSA benefit is \$5,000\* or less, the plan will pay the benefit to me in one lump-sum payment.

I agree to give up my right to the QPSA death benefit and to allow my spouse to choose another beneficiary to receive some or all of that benefit. I understand that by signing this agreement, my spouse can choose any beneficiary without telling me and without my consent agreement, unless I limit my spouse's choice to the particular beneficiary by checking the appropriate box in the My Beneficiary Choices section of this form. If I do not check this box, I understand that my spouse can change the beneficiary at any time before retirement benefits begin without telling me and without getting my approval.

I understand I do not have to sign this agreement. I am signing this agreement voluntarily. If I do not sign this agreement, I will receive the QPSA benefit if my spouse dies before beginning to receive retirement benefits—or, if earlier, before the beginning of the period for which the retirement benefits are paid. I understand that if the value of the QPSA benefit is \$5,000\* or less, the plan will pay the benefit to me in one lump-sum payment.

\* Your plan can specify a lower dollar amount.

### Important information for spouse

If your spouse has a vested account in a retirement plan, Federal law requires that you will receive the vested account after your spouse dies.

Your right to your spouse’s death benefit provided by federal law cannot be taken away unless you agree. If you agree, your spouse can elect to have all or part of the death benefit paid to someone else. Each person your spouse chooses to receive part of the death benefit is called a “beneficiary.” For example, if you agree, your spouse can have the death benefit paid to his or her children instead of you.

Your choice must be voluntary. It is your personal decision whether you want to give up your right to your spouse’s death benefit. If you do not agree to give up your right to your spouse’s death benefit, you should not sign this agreement and you will receive the death benefit after your spouse dies. If you sign this agreement, your spouse can choose the beneficiary who will receive the death benefit without telling you and without getting your agreement. Your spouse can change the beneficiary at any time before the account is paid out. You have the right to agree to allow your spouse to select only a particular beneficiary. If you want to allow your spouse to select only a particular beneficiary, check the box in Choice C under My Beneficiary Choices section, which will limit the beneficiary choice to the one designated on this form.

You can change your mind with respect to giving up your right to the death benefit until the date your spouse dies. After that date, you cannot change this agreement. If you change your mind, you must notify the plan administrator in writing that you want to revoke the consent you give on this form.

Legal separation or divorce may end your right to the death benefit even if you do not sign this agreement. However, if you become legally separated or divorced, you might be able to get a special court order called a qualified domestic relations order (QDRO) that specifically protects your rights to the death benefit. If you are thinking about separating or getting a divorce, you should get legal advice on your rights to benefits from the plan.

### Spousal agreement and consent

I understand I have a right to all of my spouse’s death benefits after my spouse dies. I agree to give up my right to all or a portion of the death benefits and have all or a portion of them paid to someone else as beneficiary. I understand that by signing this agreement, my spouse can choose the beneficiary of the death benefits without telling me and without getting my agreement. I understand that by signing this agreement, my spouse can change the beneficiary of the death benefits unless I limit my spouse’s choice to the particular beneficiary by checking the appropriate box on the My Beneficiary Choices section. I understand that by signing this agreement, I may receive less money than I would have received if I had not signed the agreement, and I may receive nothing from the plan after my spouse dies. I understand that I do not have to sign this agreement. I am signing this agreement voluntarily. I understand that if I do not sign this agreement, then I will receive the death benefit after my spouse dies.