## **Beneficiary Designation**

## USW Industry 401(k) Plan

Plan Number: 60005

Name (first, middle, last):				
E-mail Address:		Birth Date:	/	
Address:		Hire Date:	mo day yr	
Social Security No.:	Telephone No.:		mo day yr	
Marital Status: ☐ Married ☐ Not Marr	ied			
Employer Name:				
IMPORTANT: If no valid beneficiary design a beneficiary will be determined by the This designation supersedes any prior de Primary Beneficiary: (Check either box 1.   Spouse Primary Beneficiary: I design and supersedes are primary Beneficiary: I design and supersedes are primary Beneficiary: I design are primary Beneficiary are primary Beneficiary are primary Beneficiary are primary Beneficiary are primary Beneficiary.	plan fiduciary accordin esignation. 1 or 2)	g to plan documents and ap	oplicable law.	
Spouse's Name:		· 		
Spouse's Social Security No.:	Sp	Spouse's Date of Birth:		
Address:				
Phone:	_ E-mail address:			
2.   Non-Spouse or Multiple Primary B balance upon my death: (Must be 1)			eceive my account	
Name	Relationship	Social Security No.	Percent	
Address	Phone	E-mail address		
Name	Relationship	Social Security No.	Percent	
Address	Phone	E-mail address		
Name	Relationship	Social Security No.	Percent	
Address	Phone	E-mail address		
Name	Relationship	Social Security No.	Percent	
Address	Phone	E-mail address		

If you are married and you have not elected your spouse as primary beneficiary, please have your spouse provide consent on the reverse side of this form.

Note: The amount payable to a primary beneficiary who predeceases the participant will be divided among the living primary beneficiaries based on their pro rata allocation.

Mail to: Empower, PO Box 219062, Kansas City, MO 64121-9062

## **Beneficiary Designation**

## USW Industry 401(k) Plan Plan Number: 60005

Secondary Beneficiary (optional): If no Primary Beneficiary listed above is alive upon my death, I designate the following person(s) to receive my account balance upon my death: (Must be in whole percentages totaling 100%.)

Name	Relationship	Social Security No.	Percent
Address	Phone	E-mail address	
Name	Relationship	Social Security No.	Percent
Address	Phone	E-mail address	
Name	Relationship	Social Security No.	Percent
Address	Phone	E-mail address	
Name	Relationship	Social Security No.	Percent
Address	Phone	E-mail address	
<b>Spousal Consent:</b> I understand I had balance. I consent to waive that leg further understand and acknowled been designated as the sole primare.	gal right in accordance with ge that if I sign this form, no d	the beneficiary designati	on set forth above. I
Spouse's Signature		Date	
Notary Public's Signature		Date	Date Commission Expires
Signature			
I hereby certify that all of the inform to any future changes. I understand			
Participant			Date

Mail to: Empower, PO Box 219062, Kansas City, MO 64121-9062

Effective on December 31, 2020, Empower Retirement (Empower) acquired the Massachusetts Mutual Life Insurance Company's (MassMutual) retirement business. Through this transaction, business written by MassMutual is reinsured by Great-West Life & Annuity Insurance Company (GWLA) and in New York by Great-West Life & Annuity Insurance Company of New York. Concurrently, MassMutual retroceded business it reinsures from a cedent, which MassMutual assumed in a previous transaction. Empower administers the business on MassMutual's behalf, with certain administrative services being performed by MassMutual and its affiliates during a temporary transition period.

GWFS Equities, Inc., is the distributor of the MassMutual insurance products sold on Empower's platform. Empower Retirement refers to the products and services offered by GWLA and its subsidiaries. GWFS Equities is a subsidiary of GWLA and an affiliate of Empower Retirement, LLC; Great-West Funds, Inc.; and registered investment advisers Advised Assets Group, LLC and Personal Capital. Empower is not affiliated with MassMutual or its affiliates.