



Beneficiary Designation
457/401(a) Plans

SOONERSAVE DEFERRED COMPENSATION PLAN 457

98988-01 457

SOONERSAVE SAVINGS INCENTIVE PLAN 401(a)

98988-02 401(a)

For My Information

- For questions regarding this form, visit the website at www.soonersave.com or contact Service Provider at 1-877-538-3457.
Use black or blue ink when completing this form.

A Participant Information

U.S. Social Security Number (Must provide all 9 digits)

Last Name First Name M.I. Date of Birth
Email Address (Optional)
Daytime Phone Number
Alternate Phone Number
Married Unmarried

B 457 Beneficiary Designation - (Attach an additional sheet to name additional beneficiaries.)

Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)

% of Account Balance Primary Beneficiary Name Social Security or Taxpayer Identification Number Date of Birth or Trust Date
Street Address City State Zip Code
Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)
Spouse Child Parent Grandchild Sibling My Estate A Trust Other
Domestic Partner

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Last Name

First Name

M.I.

Social Security Number

Number

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Contingent Beneficiary Designation (Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)

%		/	/
% of Account Balance	Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
Street Address ()	City	State	Zip Code
Phone Number (Optional)	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i> <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		
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Last Name _____ First Name _____ M.I. _____ Social Security Number _____ Number _____

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D Participant Consent for Beneficiary Designation <i>(Please sign on the 'Participant Signature' line below.)</i>											
<p>I have completed, understand and agree to all pages of this Beneficiary Designation form. Subject to and in accordance with the terms of the Plan, I am making the above beneficiary designations for my account in the event of my death. If I have more than one primary beneficiary, the account will be divided as specified. If a primary beneficiary predeceases me, his or her benefit will be allocated to the surviving primary beneficiaries. Contingent beneficiaries will receive a benefit only if there is no surviving primary beneficiary, as specified. If a contingent beneficiary predeceases me, his or her benefit will be allocated to the surviving contingent beneficiaries. If I have a 457 beneficiary designation and no 401(a) beneficiary designation, the 401(a) designation will be defaulted to the 457 election. If either the 457 designation is blank or both designations are blank, then the amount will be paid pursuant to the terms of the Plan or applicable law. This designation is effective upon execution and delivery to Plan Administrator. If any information is missing, additional information may be required prior to recording my designation.</p> <p>This designation supersedes all prior designations. Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally. Primary and contingent beneficiaries must separately total 100%. However, the percentages can be divided up to two decimal points (Example: 33.33%).</p> <p>I understand that if I designate more than two primary or contingent beneficiaries to share equally, it is possible that the percentage of the account balance could differ slightly on my confirmation statement. For example: If three beneficiaries are designated to share equally or if percentages are not provided, the percentage of the account balance for each beneficiary would appear on the confirmation statement as follows:</p> <table style="margin-left: 20px;"> <tr> <td>Beneficiary A</td> <td>33.33%</td> </tr> <tr> <td>Beneficiary B</td> <td>33.33%</td> </tr> <tr> <td>Beneficiary C</td> <td>33.34%</td> </tr> <tr> <td>TOTAL</td> <td>100.00%</td> </tr> </table> <p>Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.</p> <p>Participant Signature _____ Date (Required) _____</p> <p><i>A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.</i></p>				Beneficiary A	33.33%	Beneficiary B	33.33%	Beneficiary C	33.34%	TOTAL	100.00%
Beneficiary A	33.33%										
Beneficiary B	33.33%										
Beneficiary C	33.34%										
TOTAL	100.00%										
E Delivery Instructions											
<p>Participant forward this form to: SoonerSave Office P.O. Box 53007 Oklahoma, City OK 73152-3007 Fax: 1-405-848-5946</p>											

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