Participants of the HEWT and Site-Wide Pension and Savings Plans	INSTRUCTIONS FOR USE OF BENEFICIARY DESIGNATION FORMS

INTRODUCTION

These instructions are to assist you in completing a beneficiary designation form (Form A-6003-514) to designate a beneficiary (or beneficiaries) of (1) your vested account balance under the applicable Project Hanford Management Contractors savings/investment plan (O&E, HAMTC, or HGU), if any; (2) your vested death benefits payable under the applicable pension plan (O&E, HAMTC, or HGU), if any; and (3) your life insurance benefits (basic life, accidental death and dismemberment, and personal accident), if any.

INSTRUCTIONS

You have several options in naming a beneficiary or beneficiaries:

- A primary beneficiary is the person, trust, or estate you designate to receive your Plan benefits in the event of your death. You may name more than one primary beneficiary with each receiving a designated percentage of your Plan benefits. Please indicate the correct percentage to be paid to each primary beneficiary you have listed. NOTE: Must total 100%.
- It is recommended that you also designate a secondary (or contingent) beneficiary in case no primary beneficiary is living at the time of your death or, if the primary beneficiary is a trust, in case the trust is not in effect.

Please keep in mind the following rules when you designate your beneficiary or beneficiaries:

- If you are unmarried, you may name any individual, trust, or your estate as your beneficiary. Use the full name and note the relationship to you. For example: Mary Louise Doe, sister.
- If you are married, your choice of beneficiary is subject to certain rules which are intended to protect the interest of your spouse. These rules vary depending on the type of benefit, as described below:

  Savings/Investment Plan: Your spouse must be your sole primary beneficiary unless your spouse consents, in writing, to the designation of another beneficiary, see Section 6 of the Beneficiary Designation Form.

  Pension Plan: You may name a beneficiary, other than your spouse, **only** at the time your pension benefits start, and only if you have already elected to receive your Pension Plan benefits in the form of a term certain and life annuity or a joint and survivor annuity with a term certain guarantee. (Forms to be used at retirement include the Election of Benefit, Form A-6001-070, and the Spousal Consent to Waive the Qualified Joint & Survivor Annuity, Form A-6001-067, if applicable.)

  Life Insurance Benefits: You may name someone other than your spouse to receive your life insurance benefits. However, if your spouse does not provide valid written consent to this election, the designation may be ineffective with respect to 50% of the proceeds.

  Your spouse's written consent to your designation of a beneficiary other than your spouse must be witnessed by an authorized Benefit Representative or a notary public and must acknowledge the effects of the consent. (See Section 6 of the Beneficiary Designation Form.)

- If you designate minor children (generally under age 18, but you may substitute up to age 25), you should also include a clause in the space marked "Special Instructions" to name a custodian. Otherwise, the property may be distributed to a court-appointed guardian for the child (an expensive procedure). For example: "If Robert John Doe, my son, has not reached the age of 25, then to _____ as custodian for him under the *[Washington]* Uniform Transfers to Minors Act."

The beneficiary designation form provides that only those primary beneficiaries living at the time of your death share in the plan benefits. If you wish to also provide for the children of a deceased beneficiary, you need to check the box indicating that benefits are to be paid "per stirpes" (by right of representation) rather than allowing the surviving beneficiary(ies) to take a deceased beneficiary's share.

- If you designate a trust, include the name, date, tax ID number (if available), and trustee of the trust. For example, "Robert John Doe, as trustee, or any successor trustee to him under Trust Agreement dated _____ between _____ _____, as Trustor, and _____, as Trustee." Any payment to such trustee will discharge the Plan from liability to the extent of that payment.
- If you designate your estate or the personal representative (executor) under your will, payment will be made as follows:

  If you have a will, the payment will pass to the beneficiary(ies) specified under your will.

  However, if you die without a will, payment will be made to the administrator of your probate estate and will then pass to your relatives specified by the applicable state intestacy statute.

  By naming your estate (or executor or administrator), the benefit is subject to all aspects of probate, including creditor's claims and personal representative's and attorney's fees. You should consult with a financial or estate planner for advice in this area.

OFFICIAL USE ONLY

BENEFICIARY DESIGNATION FORM

Participants of the Hanford Employee Welfare Trust (HEWT) and Site-Wide Pension and Savings Plans

Payroll #	HID #	Name (Last, First, MI)	Social Security #

1. Check One: ◯ Unmarried ◯ Married ◯ Widowed

If you are married and become widowed or divorced, you should complete a new form. If you are unmarried, your beneficiary designation **will** become void if you marry. A new form should be completed at that time.

2. This beneficiary designation shall apply to any benefits that are payable following your death from the following benefit plans. (Check all that apply. If you wish to designate different beneficiary(ies) for these plans, you will need to complete separate beneficiary designation forms for each plan.):

☐ Savings / Investment Plan
☐ Pension Plan
☐ Basic Life Insurance / AD&D
☐ Personal Accident Insurance Plan - employee coverage

Savings/Investment Plan: Your spouse must be your sole primary beneficiary unless your spouse consents, in writing, to the designation of another beneficiary, see Section 6 of the Beneficiary Designation Form. **Pension Plan**: You may name a beneficiary, other than your spouse, **only** at the time your pension benefits start, and only if you have already elected to receive your Pension Plan benefits in the form of a term certain and life annuity or a joint and survivor annuity with a term certain guarantee. (Forms to be used at retirement include the Election of Benefit, Form A-6001-070, and the Spousal Consent to Waive the Qualified Joint & Survivor Annuity, Form A-6001-067, if applicable.) **Life Insurance Benefits**: You may name someone other than your spouse to receive your life insurance benefits. However, if your spouse does not provide valid written consent to this election, the designation may be ineffective with respect to 50% of the proceeds.

3. Primary Beneficiary(ies): I name the following Primary Beneficiary(ies) living at my death to receive any benefits which may be payable following my death from the benefit plans checked under Section 2 above. If I name more than one Primary Beneficiary and a Primary Beneficiary predeceases me, that Primary Beneficiary's share will go to:

◯ that beneficiary's then living children and issue of deceased children, per stirpes,
◯ that beneficiary's estate, subject to administration,
◯ proportionately to the other named Primary Beneficiary(ies) as survive me.

Primary Beneficiary(ies):

Name	SS Number	Date of Birth	Address	Relationship to Participant	% Share

SPECIAL INSTRUCTIONS:*

4. Contingent Beneficiary(ies): The following named Contingent Beneficiary(ies) will receive any benefits which may be payable following my death from the benefit plans checked under Section 2 above which are not governed by Section 3 above. If I name more than one Contingent Beneficiary and a Contingent Beneficiary predeceases me, that Contingent Beneficiary's share will go to:

◯ that beneficiary's then living children and issue of deceased children, per stirpes,
◯ that beneficiary's estate, subject to administration,
◯ proportionately to the other named Contingent Beneficiary(ies) as survive me.

Contingent Beneficiary(ies):

Name	SS Number	Date of Birth	Address	Relationship to Participant	% Share

* If designating a minor as beneficiary, see "Instructions For Use Of Beneficiary Designation Forms," under bullet #5.

NOTE: BE SURE TO SIGN AND DATE PAGE 2, ITEM 5. ALSO ENSURE YOU ARE USING YOUR CURRENT MAILING ADDRESS.

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BENEFICIARY DESIGNATION FORM (continued)

SPECIAL INSTRUCTIONS:*

5. **Participant Signature**: As used in this form, the terms "children" and "issue" include adopted children, regardless of the date of the adoption.
This designation will remain in force until another Beneficiary Designation Form is filed with Benefits Administration.

Signature _____ Date _____

Street Address _____

City, State, Zip _____

NOTE: Be sure to sign and date above. Also, ensure you are using your current mailing address.

6. **Spousal Consent for Designation of Beneficiary**: If you are married and you have elected someone other than your spouse as sole primary beneficiary of your Savings/Investment Plan account balance, your spouse must consent to the designation by signing below. Note that this Beneficiary Designation Form is valid for the Pension Plan only if the participant has already elected to receive his or her Pension Plan benefits in the form of a term and certain life annuity or a joint and survivor annuity with a term certain guarantee on Election of Benefit, Form A-6001-070, with the consent of the participant's spouse on the Spousal Consent to Waive the Qualified Joint and Survivor Annuity, Form A-6001-067. Spousal consent should also be obtained when you name someone other than your spouse to receive more than 50% of your life insurance if you reside in a community property state.

I, _____ (Spouse's Name), the spouse of _____ (Participant's Name),

certify in the presence of the Notary Public or authorized Benefit Representative indicated below, that I agree to the beneficiary designation(s) made by my spouse, on this form, for benefits under the plan(s) designated in Section 1 of this form above. I understand that the effect of my consent is that I may not receive any benefits under the plans named above. If my spouse's election relates to the Savings/Investment Plan or the Pension Plan, I waive my rights to a death benefit under such plan as required by the Retirement Equity Act of 1984 (and any other law existing or subsequently enacted, including community property law). I further understand that my consent is irrevocable, unless my spouse changes any Beneficiary designation in which case my consent is again required.

Spouse's Signature _____ Date _____

Spouse's Social Security No. _____ Spouse's Birth Date _____

Witness _____ (Authorized Benefit Representative) Date _____

OR

STATE OF WASHINGTON)
) **ss.**
COUNTY OF _____)

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____ by

_____ (Participant's Spouse).

NOTARY PUBLIC in and for the State of Washington. _____

My appointment expires _____

_____ (Print Notary Name)

If you designate minor children (generally under age 18, but you may substitute up to age 25), you should also include a clause in the space marked "Special Instructions" to name a custodian. Otherwise, the property may be distributed to a court-appointed guardian for the child (an expensive procedure). For example: "If Robert John Doe, my son, has not reached the age of 25, then to _____ as custodian for him under the *[Washington]* Uniform Transfers to Minors Act."

* If designating a minor as beneficiary, see "Instructions For Use Of Beneficiary Designation Forms," under bullet #5.

RETURN FORM TO: MSA Benefits Administration, H2-23, P.O. Box 650, Richland, WA 99352, after making a copy for your records.