

Form: Designation of Beneficiary

For assistance call: 1-844-749-9981 or visit www.newportgroup.com



Plan name: BETHANY ST. JOSEPH CORPORATION RETIREMENT PLAN

Plan participant information (required):

Name (first) (middle initial) (last)			Social security number / Tax ID	
Date of birth (mm/dd/yyyy)	Daytime telephone number	E-mail		
Street address		City	State	Zip
Marital status: Single <input type="checkbox"/> Married <input type="checkbox"/>				

If I am single/unmarried

I designate as beneficiary the person(s) named below. However, I understand that if I thereafter marry, this designation will be revoked if my Plan requires my spouse to be named as beneficiary. I will therefore inform the Administrator immediately of any change in my marital status.

If I am married

I understand that if my Plan requires my spouse to be designated as Primary Beneficiary, I may not designate someone other than my spouse as Primary Beneficiary without my spouse's written consent.

Regarding any amount payable under the Plan by reason of my death, I understand the options available to my situation, as detailed above, and designate the following as my beneficiary(ies) (attach additional sheets for more beneficiaries). **Note: If a minor is designated as beneficiary, a custodian will need to be provided upon death and cannot be the individual listed as primary beneficiary.**

Primary beneficiary information (required):

Indicate the percentage of your account to be paid to each designated primary beneficiary. The total percentages must equal 100%. Attach additional pages if needed.

Name (first) (middle initial) (last)			Social security number / Tax ID	
Date of birth (mm/dd/yyyy)	Daytime telephone number	E-mail		
Street address		City	State	Zip
Percentage: _____ %	<input type="checkbox"/> Spouse <input type="checkbox"/> Non-spouse individual <input type="checkbox"/> Trust <input type="checkbox"/> Charity Name of Trust: _____ Name of Charity: _____			

Name (first) (middle initial) (last)			Social security number / Tax ID	
Date of birth (mm/dd/yyyy)	Daytime telephone number	E-mail		
Street address		City	State	Zip
Percentage: _____ %	<input type="checkbox"/> Spouse <input type="checkbox"/> Non-spouse individual <input type="checkbox"/> Trust <input type="checkbox"/> Charity Name of Trust: _____ Name of Charity: _____			

Secondary beneficiary information (required):

Those you designate as your secondary beneficiaries will receive payments from your account only if there are no surviving primary beneficiaries upon your death. Indicate the percentage of your account to be paid to each designated secondary beneficiary. The total must equal 100%. Attach additional pages if needed.

Name (first) (middle initial) (last)		Social security number / Tax ID	
Date of birth (mm/dd/yyyy)	Daytime telephone number	E-mail	
Street address		City	State Zip
Percentage: _____ %	<input type="checkbox"/> Spouse <input type="checkbox"/> Non-spouse individual <input type="checkbox"/> Trust <input type="checkbox"/> Charity Name of Trust: _____ Name of Charity: _____		

Name (first) (middle initial) (last)		Social security number / Tax ID	
Date of birth (mm/dd/yyyy)	Daytime telephone number	E-mail	
Street address		City	State Zip
Percentage: _____ %	<input type="checkbox"/> Spouse <input type="checkbox"/> Non-spouse individual <input type="checkbox"/> Trust <input type="checkbox"/> Charity Name of Trust: _____ Name of Charity: _____		

Signature of plan participant (required):

This Designation of Beneficiary form revokes any prior beneficiary designations made by me. I understand that this form must be received by the plan administrator while I am still living to be effective. I also understand that, unless provided otherwise by the terms of the Plan:

- If multiple primary or secondary beneficiaries are designated but I do not indicate each beneficiary's share of the account or the shares do not total 100%, each will receive an equal share
- If a primary (or secondary) beneficiary does not survive me, his or her share will be divided equally among the remaining surviving primary (or secondary) beneficiaries, unless provided otherwise
- If my beneficiary designation is not valid, or if no beneficiaries survive me, the account will be paid to my spouse or, if none, to my estate
- Any designation of a spouse is automatically revoked by a divorce from that spouse
- State simultaneous death and "slayer" statutes will be used, when appropriate, to determine beneficiaries

I further understand that if I am married and I designate someone other than my spouse as sole primary beneficiary, then my spouse must sign and date the following spousal consent section in the presence of a Notary Public or plan representative, if required under the terms of my plan.

X

Plan Participant signature

Print name

Date

Spousal consent (required if you name a non-spouse beneficiary):

THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR PLAN REPRESENTATIVE. YOUR BENEFICIARY DESIGNATION FORM WILL NOT BE ACCEPTED IF YOUR SIGNATURE IS NOT WITNESSED.):

I, _____, understand that I have the right to be named as sole primary beneficiary of amounts payable from the Plan upon the participant's death and that, by signing this form, I am irrevocably waiving that right. I understand that this means I may not receive any benefits from the Plan upon the participant's death, and that the participant may change beneficiaries in the future without my consent.

X

Spouse's signature _____ Print name _____ Date _____

WITNESS (check one):

Notary Public Plan Representative

I attest that _____, the spouse named above, who (check one)

Is personally known to me Produced the following identification: _____

Appeared before me and signed this form in my presence on: _____

Signature

Printed Name

Seal (if Notary Public):

Once the form is completed and notarized, please return the completed form (all pages) to the following:

Newport Group
Attn: Participant and Client Services
35 Iron Point Circle, Suite 300
Folsom, CA 95630

Fax: (816) 701-7501 or (916) 932-1895

Email to: Requests@newportgroup.com