

Beneficiary Designation 401(k) Plan

Use black or blue ink when completing this form. For questions regarding this form, contact Service Provider at 1-800-338-4015.

936373-01 Cambridge Real Estate Services 401(k) Plan

A Participant Information				
Social Security Number	Account Extension	<i>Account extension identifies funds transferred to a beneficiary due to death, alternate payee due to divorce or a participant with multiple accounts.</i>		
Last Name	First Name	M.I.	Date of Birth () / /	
Street Address			Personal Phone Number () - -	
City	State	Zip Code	Work Phone Number	
Email Address			<input type="checkbox"/> Married <input type="checkbox"/> Unmarried	

B Primary Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)				
If I am married, my Plan requires my spouse as primary beneficiary for 100% or my spouse consents to my beneficiary designation.				
% of Account Balance	Primary Beneficiary Name	Relationship	Social Security Number	Date of Birth / /
Street Address		City	State	Zip Code
%	Primary Beneficiary Name	Relationship	Social Security Number	Date of Birth / /
Street Address		City	State	Zip Code
%	Primary Beneficiary Name	Relationship	Social Security Number	Date of Birth / /
Street Address		City	State	Zip Code

Contingent Beneficiary Designation				
%	Contingent Beneficiary Name	Relationship	Social Security Number	Date of Birth / /
Street Address		City	State	Zip Code
%	Contingent Beneficiary Name	Relationship	Social Security Number	Date of Birth / /
Street Address		City	State	Zip Code
%	Contingent Beneficiary Name	Relationship	Social Security Number	Date of Birth / /
Street Address		City	State	Zip Code

C Signatures and Consent
<p>Participant Consent</p> <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 vested 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 fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan or applicable law. This designation is effective upon execution and delivery to Plan Administrator/Trustee. If any information is missing, additional information may be required prior to recording my designation. 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% in whole percentages.</p>



Last Name

First Name

M.I.

Social Security Number

Number

I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at: <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

Important Notice: In accordance with ERISA and/or Plan Document, if I am married and I elect a primary beneficiary other than my spouse or in addition to my spouse, my spouse must consent by signing the Spousal Consent section of this form.

Any person who presents false or fraudulent information is subject to criminal and civil penalties.

Participant Signature _____

Date (Required) _____

Spousal Consent**Dates of the participant's spouse signature and notarization must match.**

I, (name of spouse) _____, the current spouse of the participant, hereby voluntarily consent to the participant's primary beneficiary designation above and understand its effect. I understand that my spouse's beneficiary designation means that I will not receive 100% of his or her vested account balance under the Plan and that my spouse's election is not valid unless I consent to it. I understand that by consenting to the beneficiary designation, I give up my right to a qualified survivor annuity. I hereby voluntarily consent to the primary beneficiary(ies) named on the previous page. I understand that my consent is irrevocable unless my spouse revokes the waiver election, changes the beneficiary designation, or designates me to receive 100% of his or her vested account balance.

Spouse Signature _____

Date (Required) _____

Witness of Spouse's Signature

The spouse's signature must be witnessed by a Notary Public.

Statement of Notary**NOTE: Notary seal must be visible.**

State of _____) The consent to this request was subscribed and sworn (*or affirmed*)
to before me on this _____ day of _____, year _____, by
)ss. (*name of spouse*) _____

County of _____) proved to me on the basis of satisfactory evidence to be the person who
appeared before me, who affirmed that such consent represents his/her free
and voluntary act.

SEAL

Notary Public Signature _____

My commission expires _____

Authorized Plan Administrator/Trustee Signature

I accept the information provided by the participant on this form.

Authorized Plan Administrator/Trustee Signature _____

Date (Required) _____

D Mailing Instructions

Participant forward to Employer

Employer DO NOT send this form to the Service Provider as beneficiary records are not maintained. Please retain this for your records.

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