

## 1

### PARTICIPANT INFORMATION

|                 |               |                        |
|-----------------|---------------|------------------------|
| Full Legal Name | Date of Birth | Social Security Number |
|-----------------|---------------|------------------------|

## 2

### ACCOUNTS INCLUDED

Select accounts this designation applies to below.

- |  |   |
|--|---|
| <input type="checkbox"/> All accounts with MBA                     | <input type="checkbox"/> Deferred Compensation Pre-2005 Rabbi Trust |
| <input type="checkbox"/> 403(b) only                               | <input type="checkbox"/> 409A Deferred Compensation                 |
| <input type="checkbox"/> Personal Savings Account(s) only: # _____ |   |

## 3

### DESIGNATIONS

*According to the Plan, if married, your spouse will be your sole primary beneficiary regardless of the designation below unless spousal consent is provided for alternate beneficiaries. If you list a trust as your beneficiary, you or your representative agree to provide a copy of the trust document and all amendments or furnish required certifications in a timely fashion. Consult appropriate tax and/or legal counsel regarding your individual circumstances.*

The following individuals or entities shall be my primary and/or contingent beneficiaries. If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. By default, if any beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage of any remaining beneficiaries shall be increased on a pro rata basis. If the preference is to have that beneficiary's share to go to his or her descendants, check Per Stirpes. If no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages of the investment. If needed, attach, sign, and date a separate sheet and provide the required information as indicated below.

**BENEFICIARY 1**

|                                   |                          |                            |                          |                          |
|-----------------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
|                                   | <input type="checkbox"/> |                            |                          | %                        |
| Name of Individual or Institution | Per Stirpes              | Social Security Number/TIN | Distribution             |                          |
|                                   |                          |                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Relationship                      | Phone                    | Date of Birth              | Primary                  | Contingent               |
|                                   |                          |                            |                          |                          |
| Address                           |                          | City                       | State                    | Zip                      |

**BENEFICIARY 2**

|                                   |                          |                            |                          |                          |
|-----------------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
|                                   | <input type="checkbox"/> |                            |                          | %                        |
| Name of Individual or Institution | Per Stirpes              | Social Security Number/TIN | Distribution             |                          |
|                                   |                          |                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Relationship                      | Phone                    | Date of Birth              | Primary                  | Contingent               |
|                                   |                          |                            |                          |                          |
| Address                           |                          | City                       | State                    | Zip                      |

**BENEFICIARY 3**

|                                   |                          |                            |                          |                          |
|-----------------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
|                                   | <input type="checkbox"/> |                            |                          | %                        |
| Name of Individual or Institution | Per Stirpes              | Social Security Number/TIN | Distribution             |                          |
|                                   |                          |                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Relationship                      | Phone                    | Date of Birth              | Primary                  | Contingent               |
|                                   |                          |                            |                          |                          |
| Address                           |                          | City                       | State                    | Zip                      |

# MBA 403(b) DESIGNATION OF BENEFICIARY

*(continued from previous page)*

**BENEFICIARY 4**

|                                   |             |                            |              |            |
|-----------------------------------|-------------|----------------------------|--------------|------------|
| Name of Individual or Institution | Per Stirpes | Social Security Number/TIN | Distribution | %          |
| Relationship                      | Phone       | Date of Birth              | Primary      | Contingent |
| Address                           | City        |                            | State        | Zip        |

**BENEFICIARY 5**

|                                   |             |                            |              |            |
|-----------------------------------|-------------|----------------------------|--------------|------------|
| Name of Individual or Institution | Per Stirpes | Social Security Number/TIN | Distribution | %          |
| Relationship                      | Phone       | Date of Birth              | Primary      | Contingent |
| Address                           | City        |                            | State        | Zip        |

4

## SIGNATURES

By signing below, I consent to the designation of beneficiaries on this form and hereby revoke all prior beneficiary designations, if any, made for the named MBA accounts. If there are no beneficiaries named or no beneficiary survives me, or, if my beneficiaries cannot be identified or located after due diligence, I understand my account(s) will be distributed in accordance with the MBA 403(b) plan document.

|                       |              |      |
|-----------------------|--------------|------|
| Participant Signature | Printed Name | Date |
|-----------------------|--------------|------|

**SPOUSAL CONSENT IF APPLICABLE**

*If you are married and have not designated your spouse as your sole primary beneficiary, your spouse must sign below stating you may name someone other than your spouse as beneficiary. If Spousal Consent is signed, then either notarization or witness by an AG Financial Solutions representative is required.*

I am the spouse of the above-named participant. I acknowledge that I have received a fair and reasonable disclosure of my spouse's assets in the Plan. Because of the important tax consequences of giving up my interest in this retirement account, I have been advised to see a tax professional. I hereby give the participant my interest in the assets in the Plan and consent to the beneficiary designation indicated above. I understand that in approving the designation of a beneficiary other than myself I am waiving my right to any benefit under the Plan. I further understand that this designation will remain in effect until a subsequent beneficiary designation with my written consent is filed. I assume full responsibility for any adverse consequences that may result.

|                  |              |      |
|------------------|--------------|------|
| Spouse Signature | Printed Name | Date |
|------------------|--------------|------|

State of \_\_\_\_\_ )  
                                   ) SS  
 County of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned, a Notary Public in and for said state, personally appeared, known to me to be the person(s) who executed the within instrument and acknowledged to me that he/she executed the same for the purposes therein stated.

|                        |    |                    |
|------------------------|----|--------------------|
| (SEAL)                 | OR | Notary Public      |
| My Commission Expires: |    | AGFS Witness/Title |