

Beneficiary Form

Fulton County Defined Contribution Plan
Fulton County
60157-1-1

1 Enter your personal information (Please print clearly)

Participant's Name (First, Middle Initial, Last)

Participant's Social Security Number (SSN)

Street Address

Apt. No

City

State

Zip

()

()

Daytime Phone

Evening Phone

Email Address

Marital Status: ☐ Married ☐ Single or Legally Separated

2 Designate Beneficiary(ies) (Check one box only)

A: ☐ Spouse Primary Beneficiary: I would like my spouse to receive my entire account balance upon my death.

Spouse's Name

Spouse's Social Security Number (SSN)

Spouse's Date of Birth: mm - dd - yyyy

or

B: ☐ Non-Spouse or Multiple Primary Beneficiaries: I would like the following person(s) to receive my account balance upon my death: **(If division is other than equal shares, write in whole percentages totaling 100%.)**

hh

Beneficiary Name

Social Security Number

Relationship

Percentage %

Beneficiary Name

Social Security Number

Relationship

Percentage %

Beneficiary Name

Social Security Number

Relationship

Percentage %

Beneficiary Name

Social Security Number

Relationship

Percentage

Note: If you are married and you have NOT elected your spouse as **sole** primary beneficiary, your spouse **must** consent to the beneficiary designation as provided in Section 3. The Plan Administrator will not recognize an alternate beneficiary designation provided by a married participant which does not reflect a valid spousal consent.

Contingent Beneficiary (Optional)

If no Primary Beneficiary listed on the front of this form is alive upon my death, I designate the following person(s) to receive my account balance upon my death: **(Must be in whole percentages totaling 100%.) Plan Administrator: Please retain a copy of this form in your files.**

Beneficiary Name

Social Security Number

Relationship

Percentage %

Beneficiary Name

Social Security Number

Relationship

Percentage

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Beneficiary Name	Social Security Number	Relationship	Percentage %
Beneficiary Name	Social Security Number	Relationship	Percentage %

3 Provide spousal consent (If you are married and you have NOT elected your spouse as sole primary beneficiary, please have your spouse provide consent below.) The spouse's signature must be witnessed by a Notary Public.

Spouse's First Name	Spouse's Middle Name	Spouse's Last Name
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In signing below, I confirm that I have reviewed the beneficiary designation made by my spouse and that, as a spouse, I may have interests in the participant's account subject to the designation. I am fully satisfied with the beneficiary designation, and I consent to and accept the designation, without regard to whether I survive or predecease my spouse. In doing so, I further understand that I am giving up my right to the interest in the participant's account. I also acknowledge that my consent is irrevocable unless my spouse chooses to change the designation in the future.

Spouse's Signature	Date
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Notary Signature I have signed my name and affixed my official notarial seal below:

Notary Public's Signature

Date

State

County

Notary Stamp/Seal

Date Commission Expires

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Sign, date and return your forms

By signing this form, I certify that the information I have provided is accurate, to the best of my knowledge. I have read the Instructions and understand the elections I have made. I designate the above beneficiary(ies) to receive my account balance at my death. I understand that this beneficiary designation supersedes and replaces any previous designation.

I hereby authorize MassMutual to contact me or the Plan Administrator if they have any questions or require further documentation to process this form.

X

Participant's Signature

Date

In addition to submitting this completed form for processing, please keep a copy of this form for your records.

Mail to: **MassMutual, PO Box 219062, Kansas City, MO 64121.**

For overnight delivery, mail to: **MassMutual, 430 W. 7th St., Kansas City, MO 64105.**

After receipt of this form, MassMutual will send you written confirmation once your account is updated. This designation supersedes any prior designation.

Plan Administrator Use Only (Beneficiary form cannot be processed without your signature)

I certify that, to the best of my knowledge, the information on this form is accurate and complete. If a married participant designated a non-spouse Primary Beneficiary, and the Spouse's signature was not witnessed by a Notary Public, I certify that I have witnessed the spouse's signature acknowledging and agreeing to the designation.

Plan Administrator/TPA Signature

Date

IMPORTANT: IF NO VALID BENEFICIARY DESIGNATION IS ON FILE OR IF DESIGNATION CANNOT OTHERWISE BE DETERMINED, BENEFICIARY(IES) WILL BE DETERMINED BY THE PLAN FIDUCIARY ACCORDING TO PLAN DOCUMENTS AND APPLICABLE LAW. FOR YOUR MAILING ADDRESS, PROVIDE EITHER A STREET ADDRESS OR P.O. BOX, NOT BOTH. IF YOU PROVIDED BOTH, MASSMUTUAL WILL FOLLOW USPS GUIDELINES AND USE THE P.O. BOX AS YOUR MAILING ADDRESS.

Sample wording for use in completing this form:

To Designate

1. Your estate
2. The trustee of the Trust established under your Will
3. The trustee of your Revocable or Irrevocable Trust

Use This Wording

Executors or Administrators of my estate
(Name of trustee) as trustee, or the then acting trustee, of the Trust established under (your name) Will dated (date of Will)
(Name of trustee) as trustee, or the then acting trustee, of the (name of Trust) established on (date of Trust)

Trust as Beneficiary:

Before designating a trust as the beneficiary of your plan benefit, you should consult an attorney with expertise in trusts and estates law. Some of the factors to consider include:

1. Who is going to be the beneficiary – your spouse, a minor child – and what are their financial needs?
2. Are the protections of a trust desirable?
3. What are the income tax consequences of designating a trust as beneficiary?

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The following requirements must be satisfied before your trust beneficiaries will be treated as your retirement plan's designated beneficiary:

1. The trust must be valid under state law.
2. The trust must be irrevocable or must, by its terms, become irrevocable on your death.
3. The trust's beneficiaries must be identifiable from the trust instrument.
4. You must provide trust documentation to the retirement plan administrator.
5. All trust beneficiaries must be individuals.

Investment Election Form

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Enter your personal information (Please print clearly)

- ☐ Employee ☐ Surviving Beneficiary (attach notice of death form)
☐ Alternate Payee (attach a QDRO form)

Participant's Name (First, Middle Initial, Last)

Participant's Social Security Number (SSN)

Street Address

Apt. No.

Birthdate: mm - dd - yyyy

City

State

Zip

()

()

Daytime Phone

Evening Phone

Email Address

Marital Status: ☐ Married ☐ Single or Legally Separated

☐ Check here to sign up for email notification*

Plan Administrator Use Only

(Form cannot be processed without this required information and signature)

Hire Date ____/____/____ Plan Entry Date ____/____/____

Payroll Frequency: ☐ Monthly (12/Yr) ☐ Semi-Monthly (24/Yr) ☐ Bi-Weekly (26/Yr) ☐ Weekly (52/Yr)

Years of credited services as of last plan year end:_____(if this information is **NOT** provided, MassMutual will assume the employee has completed a year of service for each year since hire date.)

As Plan Administrator, I acknowledge receipt, accuracy, completeness including participant's signature.

Plan Administrator Signature

Date

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Choose one of the investment strategies below

Your investment strategies are outlined on the following pages. **Choose the selection that works for you.**

IMPORTANT NOTE: This investment election applies to your rollover and all future contributions. Investment allocation strategies are a convenient way of allocating your account among certain of the plan's individual investment options. Any investment allocation strategies included in these materials are not intended to be investment advice or recommendations to you and may or may not be appropriate for your circumstances. In applying investment allocation strategies to your individual circumstances, you should consider your other assets, income and investments as well as your risk tolerance. If you direct your contributions or current account balance to an investment allocation strategy, your contributions or account balance will be invested in each of the individual investment alternatives in the percentages indicated for the strategy. The plan may offer other investment options not included in the strategies and the individual investment alternatives included in the strategies may also be available on a stand-alone basis. The Investment Portfolio chart lists asset classes, along with their weightings in the allocation strategy. Additional investment options may exist that are not included in the portfolio. When selecting your investments, choose only **ONE** portfolio from any of the strategies, sign the form and you're done **OR** you can select individual investment options (under Option C) and build your own portfolio. See below for a complete list of options. The investment options available in this plan may change at the direction of the Plan Sponsor. Elections made on this form may be modified to follow the intent of those changes. If you choose investments for only one source group, contributions from other sources will be allocated to those chosen investments.

Until you make your investment selection, your contributions will be invested in the Target Asset Allocation Investment Option listed below which has the target retirement date closest to your 65th birthday. If you are near, at or past your 65th birthday, your contributions will be invested in the target asset allocation investment option that shows no target retirement date. Following your enrollment, you will receive a transaction confirmation that will tell you specifically in which Target Asset Allocation Option your contributions have been invested. Subject to certain restrictions, you may redirect your contributions to any other investment option under the Plan at any time.

A: Age-Based Investment Option

(If you make a selection here, do not make a selection under any other option.)

If you select one of these Asset Allocation investment options, based on the date closest to the year you plan to retire, you're almost done! Check the appropriate box and go to Step 3.

- | | | | |
|--|--|--|--|
| ☐ Vanguard Target Rtrmnt Incm Fd | ☐ Vanguard Target Rtrmnt 2015 Fd | ☐ Vanguard Target Rtrmnt 2020 Fd | ☐ Vanguard Target Rtrmnt 2025 Fd |
| ☐ Vanguard Target Rtrmnt 2030 Fd | ☐ Vanguard Target Rtrmnt 2035 Fd | ☐ Vanguard Target Rtrmnt 2040 Fd | ☐ Vanguard Target Rtrmnt 2045 Fd |
| ☐ Vanguard Target Rtrmnt 2050 Fd | ☐ Vanguard Target Rtrmnt 2055 Fd | ☐ Vanguard Target Rtrmnt 2060 Fd | |

Target Asset Allocation Investment Options are single solutions that offer professional management and monitoring as well as diversification – all in one investment. Each investment option has an automatic process that invests more conservatively as retirement nears and the options are named to coincide with a particular retirement date. Your plan is designed to invest your contributions into one of these options as the default investment based on your date of birth and a

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projected retirement age of 65. You may always choose new investment options at any time.

or

B: Custom Portfolio Investment Option

(If you make a selection here, do not make a selection under any other option.)

Custom portfolios, based on different risk tolerances, have been arranged using the individual funds available to your plan. The amounts of each individual fund contained in the different Custom Portfolio options are shown on the right side of the following fund list. If you select one of these Custom Portfolio investment options, you're almost done! Check the appropriate box and go to Step 3.

☐ Short Term

☐ Conservative

☐ Moderate

☐ Aggressive

☐ Ultra Aggressive

or

C: Individual Fund Option

(If you enter selections here, do not make a selection under any other option.)

First, select the individual funds in which you wish to invest. Then, enter the percentage of your contributions to be invested in each of those funds in the space provided. Make sure selections are whole percentages and total 100%. When they add up to 100%, you're almost done! Go to Step 3.

Investment Options	Breakdowns for Custom Portfolio Options						Ultra Aggressive
	All Contributions	Rollover	Short Term	Conservative	Moderate	Aggressive	
Diversified Bond SAGIC	_____ %	_____ %	95%	21%	6%	2%	
BlackrockTotal Return Fund	_____ %	_____ %	2%	24%	17%	7%	
JP Morgan Government Bond Fund	_____ %	_____ %	3%	25%	17%	7%	
PIMCO Income Fund	_____ %	_____ %					
Invesco Equity and Income Fund	_____ %	_____ %					
Vanguard Target Rtrmnt Incm Fd	_____ %	_____ %					
Vanguard Target Rtrmnt 2015 Fd	_____ %	_____ %					
Vanguard Target Rtrmnt 2020 Fd	_____ %	_____ %					
Vanguard Target Rtrmnt 2025 Fd	_____ %	_____ %					
Vanguard Target Rtrmnt 2030 Fd	_____ %	_____ %					

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Investment Options	Breakdowns for Custom Portfolio Options						
	All Contributions	Rollover	Short Term	Conservative	Moderate	Aggressive	Ultra Aggressive
Vanguard Target Rtrmnt 2035 Fd	_____ %	_____ %					
Vanguard Target Rtrmnt 2040 Fd	_____ %	_____ %					
Vanguard Target Rtrmnt 2045 Fd	_____ %	_____ %					
Vanguard Target Rtrmnt 2050 Fd	_____ %	_____ %					
Vanguard Target Rtrmnt 2055 Fd	_____ %	_____ %					
Vanguard Target Rtrmnt 2060 Fd	_____ %	_____ %					
MFS Value Fund	_____ %	_____ %		2%	3%	5%	6%
Vanguard Value Index Fund	_____ %	_____ %		2%	4%	5%	6%
Vanguard Institutional Indx Fd	_____ %	_____ %		10%	18%	26%	34%
Sel TRP/LS Blue Chip Growth Fd	_____ %	_____ %		2%	4%	5%	6%
Vanguard Growth Index Fund	_____ %	_____ %		2%	4%	5%	6%
American Century Mid Cp Val Fd	_____ %	_____ %		1%	4%	5%	4%
Sel Md Cp Gr Fd (TRP/Frontier)	_____ %	_____ %		1%	4%	5%	5%
Invesco Small Cap Value Fund	_____ %	_____ %		2%	4%	5%	6%
Janus Henderson Venture Fd	_____ %	_____ %		3%	4%	6%	7%
AmerFunds EuroPacific Gr Fund	_____ %	_____ %		5%	11%	17%	20%
Oppenheimer Global Opport Fund	_____ %	_____ %					

***All contributions must equal 100%**

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Sign, date and return your forms

Please provide your signature and return to your Plan Administrator. After receipt of this form, MassMutual will send you written confirmation once your account is established.

I understand I may revoke this election at any time or I may change this election as allowed by the Plan. I understand that the maximum annual limit on contributions is determined under the Plan document and the Internal Revenue Code. Any amounts contributed may be reduced or returned to me as required by these limitations.

X

Participant's Signature

Date