

**Concordia Retirement Plan
 Beneficiary Designation Form**

PLEASE PRINT OR TYPE ALL INFORMATION IN BLUE OR BLACK INK

A	Instructions	
	<p>Benefits payable under the Concordia Retirement Plan (CRP) upon the death of a retiree or vested terminated member vary based upon eligibility and accrued creditable service as described in the CRP Official Plan Document. Depending upon benefit eligibility and distribution options elected, the following Lump-Sum Death Benefits allow for the designation of beneficiaries.</p> <ul style="list-style-type: none"> • <i>If you want the same beneficiary for all benefit types for which you are eligible, complete one form and check the “All Applicable...” box.</i> • <i>If you want a separate beneficiary for each benefit type for which you are eligible, complete a separate form for each benefit type.</i> <p>If you are a retiree: <u>Lump-Sum Death Benefit:</u> Regardless of whether your retiree benefits have commenced, you have the right to designate or change a beneficiary to receive a lump-sum benefit payable upon your death. Check the “Death Benefit” box on the reverse side of this page and name your beneficiary(ies). (Note: This death benefit is different from the active member death benefit payable under the Concordia Disability and Survivor Plan.)</p> <p>If you are a retiree or vested terminated member: <u>Supplemental Retirement Account (SRA) or Retirement Cash Account (RCA) Lump-Sum Benefit:</u> If you are electing to defer the SRA or RCA payment and if you are married, your spouse (as defined in the CRP) is automatically the Primary Beneficiary for your SRA and/or RCA as required in the CRP provisions.</p> <ol style="list-style-type: none"> If you wish to retain your spouse as your Primary Beneficiary, you do not need to complete this form and no further action is required by you. You may, however, want to consider naming a Secondary Beneficiary in the event your spouse predeceases you. If you wish to name a Primary Beneficiary other than your spouse for your deferred SRA and/or RCA, check the “SRA /RCA Deferral” box on the reverse side of this page and name your beneficiary(ies). Your spouse must complete Section G, Spousal Consent for Beneficiary Designation, and have it notarized. <p><u>10-Year Certain and Life Benefit</u> If you have already elected to receive a benefit plan type in the form of a 10-Year Certain and Life benefit, you have the right to designate or change a beneficiary to receive the remainder of your benefit in a lump sum if you die before receiving 10 years of monthly benefit payments. Check the applicable box(es) on the reverse side of this page and name your beneficiary(ies).</p> <p>If you are an eligible surviving spouse: <u>Lump-Sum Death Benefit:</u> You have the right to designate or change a beneficiary to receive a lump-sum benefit payable upon your death. Check the “Death Benefit” box on the reverse side of this page and name your beneficiary(ies).</p> <p>If you are an eligible surviving dependent child: <u>Lump-Sum Death Benefit:</u> If the member’s spouse is still living, that person is your automatic beneficiary. If there is no surviving spouse, you have the right to designate or change a beneficiary to receive a lump-sum benefit payable upon your death. Check the “Death Benefit” box on the reverse side of this page and name your beneficiary(ies).</p>	
B	Primary Beneficiaries	C Secondary Beneficiaries
	<p>A Primary Beneficiary(ies) is the individual(s), institution(s), and/or trust(s) that receives the lump-sum death benefit payable from the Concordia Retirement Plan upon your death. In certain instances described above, an <i>automatic</i> Primary Beneficiary is designated.</p> <ul style="list-style-type: none"> • Where there is an <i>automatic designation</i>, the <i>automatic designation</i> will be used. Otherwise, your named beneficiary(ies) on the reverse side of this form will receive your death benefit, divided among them in the proportions specified; otherwise, the benefit will be divided equally among the Primary Beneficiaries. • If one or more of your Primary Beneficiaries should die before you, the death benefit will be divided proportionately among the surviving Primary Beneficiaries. • If all of your Primary Beneficiaries die before you, the death benefit will be paid to your Secondary Beneficiaries. 	<p>Your Secondary Beneficiary(ies) is the individual(s), institution(s), and/or trust(s) that receives the lump-sum death benefit payable from the Concordia Retirement Plan if the Primary Beneficiaries pre-decease you. If none of your Primary Beneficiaries survive you, then:</p> <ul style="list-style-type: none"> • Your designated Secondary Beneficiaries will receive any death benefits upon your death. • The death benefit will be divided among your Secondary Beneficiaries in the proportions you specify. If no proportions are specified, death benefits will be divided equally among the Secondary Beneficiaries. • If one or more of your Secondary Beneficiaries dies before you, death benefits will be divided proportionately among your remaining Secondary Beneficiaries. • If all of the Secondary Beneficiaries die before you, the cash payment shall be made to your surviving spouse, if living; otherwise to your surviving child(ren), in equal shares, if living; otherwise to your estate.
<p>Note about Trusts: <i>If you are naming a “Trust” as your beneficiary, please write the name and date of the Trust under “Name” and write the word Trust under “Relationship.” A Tax Identification Number (TIN) and a signed copy of the Trust is needed at the time benefits are payable.</i></p> <p>Note about minors: <i>If your beneficiary is a minor at the time of your death, guardianship papers for the estate and/or property of the minor child must be secured by the surviving parent or the child’s guardian in order to receive the benefit(s).</i></p>		

D Your Personal Information

After reading the instructions on the reverse side, please print clearly and complete all information.

Member's Name (Last, First, Middle Initial) _____ Social Security Number _____

Address _____

City _____ State _____ Zip Code _____ Home Phone Number _____

Email Address _____ Cell Phone Number _____ Work Phone Number _____

Use this form to name the person(s) you wish to receive the benefit payable in the event of your death. You can change or revoke this designation at any time by sending in a new form. Please check the appropriate box(es) for which you are electing a beneficiary designation:

- ALL Applicable CRP Benefits
 Death Benefit
 SRA/RCA Deferral
 PRB 10-Year Certain and Life
 SRA/RCA 10-Year Certain and Life
 RMS 10-Year Certain and Life
 CRSP 10-Year Certain and Life

E Beneficiary Designation

Primary Beneficiary(ies): [Person or persons first in order to receive the death benefit]

Name _____	Social Security Number _____	Relationship _____	MUST BE COMPLETED
Address _____	City _____	State _____ Zip Code _____	
Name _____	Social Security Number _____	Relationship _____	% Allocation _____
Address _____	City _____	State _____ Zip Code _____	% Allocation _____
Total Primary Beneficiary Allocation Must Equal:			100%

Secondary Beneficiary(ies): [Person or persons who receive the death benefit if the Primary Beneficiary(ies) pre-deceases you]

Name _____	Social Security Number _____	Relationship _____	MUST BE COMPLETED
Address _____	City _____	State _____ Zip Code _____	
Name _____	Social Security Number _____	Relationship _____	% Allocation _____
Address _____	City _____	State _____ Zip Code _____	% Allocation _____
Name _____	Social Security Number _____	Relationship _____	% Allocation _____
Address _____	City _____	State _____ Zip Code _____	% Allocation _____
Total Secondary Beneficiary Allocation Must Equal:			100%

If you need more room to designate beneficiaries, please attach a separate sheet with your name, Social Security number, signature, date, the words "CRP" and your additional Primary and/or Secondary Beneficiaries.

F Signature of Participant

I understand that the above Beneficiary Designations will become effective upon receipt and approval of the Beneficiary Designation Form by Concordia Plan Services (CPS) and that it will remain in effect until a new Beneficiary Designation Form signed by me is received by CPS. I further understand that in the event of a dispute as to the eligible beneficiary(ies) at the time of my death, the determination of CPS will be final and conclusive. I do hereby, for myself, my beneficiaries, heirs, executors, and administrators, release CPS from any and all liability for any and all payments that may be made as a result of and in accordance with this Beneficiary Designation Form.

X _____ Signature of Participant _____ Date _____

G Spousal Consent for Beneficiary Designation of SRA and/or RCA

If you wish to name a **Primary Beneficiary other than your spouse** for your deferred SRA and/or RCA benefit, please check the "SRA /RCA Deferral" box and name your beneficiary(ies) on page 2 of this form. Your spouse must also complete this section, and your spouse's consent must be notarized.

Member's Name (Last, First, Middle Initial) _____ Social Security Number _____

Spouse's Name (Last, First, Middle Initial) _____ Social Security Number _____

I hereby certify that I am the legal spouse of the Member named in Section D on Page 2 of this form. I hereby consent to the beneficiary designation(s) made by my spouse on this Beneficiary Designation Form. I hereby acknowledge that I understand that: (1) the effect of such beneficiary designation is to allow my spouse's retirement benefit, or a portion of it, to be paid to a beneficiary other than me; (2) my consent is voluntary; and (3) my consent is irrevocable unless my spouse revokes said beneficiary designation(s) by executing a new Beneficiary Designation Form.

X _____
Spouse's Signature _____ Date _____

NOTARY

State of _____)
City/County of _____) SS

On this _____ day of _____, 20_____, before me, the undersigned Notary Public, personally appeared _____ known to me (or produced appropriate identification) to be the person whose name is subscribed to within the instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

Affix seal here.

X _____
Notary Public Signature _____ Date _____

MAIL THIS FORM TO CONCORDIA PLAN SERVICES
1333 S. Kirkwood Road • P.O. Box 229007 • St. Louis, MO 63122-9007 • Fax 314-996-1127