

Retirement and 401(k) Plan for the Employees of the Confederated Tribes of the Warm Springs Reservation of Oregon – Governmental Employees DESIGNATION OF BENEFICIARY FORM

Please read instructions and important beneficiary information on next page.

INSTRUCTIONS

After you complete the form, please make a copy for your records, then turn in the original to:

Confederated Tribes of Warm Springs
Compensation & Benefits Dept
PO Box C
Warm Springs, OR 97761

Name: _____

Social Security No: _____

Mailing Address: _____

Marital Status: Single Married

Telephone Number: _____

In the event of my death while a participant in the Retirement and 401(k) Plan for the Employees of the Confederated Tribes of Warm Springs Reservation of Oregon, I hereby designate the following as my beneficiary(ies) to whom my benefits shall be paid.

Complete the following to designate your PRIMARY BENEFICIARY(ies)

1)	Name	Social Security No.	Date of Birth	Relationship	Percentage
	_____	_____	_____	_____	%
	_____	_____	_____	_____	%
	_____	_____	_____	_____	%
					MUST TOTAL 100%

Complete the following to designate your SECONDARY BENEFICIARY(ies)

1)	Name	Social Security No.	Date of Birth	Relationship	Percentage
	_____	_____	_____	_____	%
	_____	_____	_____	_____	%
	_____	_____	_____	_____	%
					MUST TOTAL 100%

Unless otherwise indicated, payment should be made in the indicated percentage to any Primary Beneficiary who survives me. If no Primary Beneficiary survives me, payment should be made in the indicated percentage to the Secondary Beneficiary(ies) who survive me. If none of the named beneficiaries should survive me, the benefits should be paid in the manner provided in the Plan or, if there is no applicable plan provision, to my estate. Effective on the date this designation is received and processed by the Milliman Benefits Service Center, it supersedes and cancels all previous designations of beneficiaries made by me under the Plan. I reserve the right to change this designation at any time by filing a new designation.

I understand that the designation of any Primary Beneficiary other than my spouse is null and void unless my spouse consents to the designation by signing below. I understand that any consent by my spouse shall be effective only with respect to such spouse, and that if I remarry and wish to name a nonspousal beneficiary, I will need the consent of my new spouse.

To Be Completed Only If Your Spouse Is **NOT** Sole Primary Beneficiary

As the spouse of the above-named participant, I understand that I am entitled to his/her benefit under the plan(s) if he/she should die prior to receiving such benefit. I hereby voluntarily waive any right to such benefit and consent to the designation of the above-listed party(ies) as my spouse's Primary and/or Secondary Beneficiary(ies) under the plan(s). Spouse's signature must be acknowledged by a notary public.

Signature of Spouse

The signature of spouse was acknowledged before me on _____

Date

Notary Public

State of

My Commission Expires

YOUR SIGNATURE — I authorize the election as set forth above.

Signature of Participant

Date

ATTACH SEPARATE LIST IF YOU HAVE ADDITIONAL BENEFICIARIES

INSTRUCTIONS

1. You have the right to change your beneficiary designation at any time by filing a new Designation of Beneficiary Form.
2. Type or print in ink. If a mistake is made, do not erase or correct – use a new form.
3. The relationship of the beneficiary to you should be stated; i.e., “Jane E. Doe, Wife.”
4. Use full given name when designating a married woman as beneficiary; i.e., “Jane E. Doe” – not “Mrs. John Q. Doe.”
5. When a beneficiary is not related, state the relationship as “non-relative.”
6. If any of the information changes, you should promptly update your beneficiary information.
7. If more room is needed, attach additional sheets and include all requested information. After you complete this form, make a copy for your records then forward the original to **Confederated Tribes of Warm Springs, Compensation & Benefits Dept., PO Box C, Warm Springs, OR 97761.**

IMPORTANT BENEFICIARY INFORMATION

MARRIED PARTICIPANTS:

Under current federal law, your spouse will be entitled to receive, upon your death, any benefits payable from the plan. You may designate a primary beneficiary other than your spouse, but your spouse must have consented to such designation.

SINGLE PARTICIPANTS:

If you are single at the time you designate a beneficiary and you subsequently marry, the beneficiary designation you made when you were single will become null and void on the date of your marriage. Upon your subsequent death, your spouse will be entitled to receive any payable plan benefits unless you have completed a new Designation of Beneficiary Form and your spouse has consented to such designation.

EXAMPLES OF BENEFICIARY DESIGNATIONS

<u>Beneficiary</u>	<u>Sample Wording</u>
(a) You may designate one beneficiary. If married, please see restrictions above.	<i>Primary:</i> Jane E. Doe, Wife
(b) You may designate two or more beneficiaries. Unless otherwise specified, benefits will be paid share and share alike or to the survivor or survivors.	<i>Primary:</i> John E. Doe, Jr., Son
	<i>Primary:</i> Mary C. Doe, Daughter
(c) You may designate a secondary beneficiary or beneficiaries to receive the benefit if your primary beneficiary does not survive you.	<i>Primary:</i> Jane E. Doe, Wife
	<i>Secondary:</i> John E. Doe, Jr., Son
	<i>Secondary:</i> Mary C. Doe, Daughter
(d) Trustee	<i>Primary:</i> Thomas A. Smith and Harvey W. Jones (or name of bank), or their successors, Trustees for the benefit of Jane E. Doe under agreement dated 1/6/95
(e) Testamentary Trust	<i>Primary:</i> Testamentary Trust under Last Will of Employee
	<i>or</i>
	Thomas A. Smith, Trustee of the Testamentary Trust under Will of Employee dated 1/6/95