

# Lehigh Valley Health Network 403(b) Matched Savings Plan

## Mutual Fund Beneficiary Designation Form



☐ Group ID# 49111002

### 1. CLIENT INFORMATION

Name: \_\_\_\_\_ SSN or Tax ID: \_\_\_\_\_

Marital Status: ☐ Married ☐ Not Married ☐ Widowed ☐ Legally Separated: *Attach Court Order of Legal Separation. Petition not acceptable.*

Account Number(s): Changes made on this form will apply to all of your **Mutual Fund Accounts Only** unless you note specific accounts below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Depending on your Plan's role you may have the ability to define and update your beneficiary designation by accessing your account online at [corebridgefinancial.com/retire](http://corebridgefinancial.com/retire) and **Skip this form!**

### 2. PRIMARY BENEFICIARY DESIGNATION - Primary beneficiaries receive death benefits upon the client's death.

- This beneficiary designation supersedes all previous beneficiary designations for such account(s).
- A beneficiary may be an individual, institution, estate, or trust.
- To ensure that all beneficiaries are identified, list each by name.
- If no percentage is indicated, your benefits will be paid equally to the listed beneficiaries.
- When there are multiple beneficiaries and one predeceases you, the proceeds will be divided between the remaining beneficiaries. A designation of "Per Stirpes" after the beneficiary name allows the descendants of the deceased beneficiary to receive the deceased beneficiary's portion.
- **Section 4 must also be completed if you are designating a minor as a beneficiary.**
- **Section 5 must also be completed if you are a participant in an ERISA-covered plan and you are naming someone other than your spouse as the primary beneficiary.**

1. Name: _____	Phone: ( _____ ) _____	SSN or Tax ID: _____
E-mail: _____	Relationship: _____	DOB or Trust Date: _____ Percent: _____ %
Address: _____	City: _____	State: _____ ZIP: _____
2. Name: _____	Phone: ( _____ ) _____	SSN or Tax ID: _____
E-mail: _____	Relationship: _____	DOB or Trust Date: _____ Percent: _____ %
Address: _____	City: _____	State: _____ ZIP: _____
3. Name: _____	Phone: ( _____ ) _____	SSN or Tax ID: _____
E-mail: _____	Relationship: _____	DOB or Trust Date: _____ Percent: _____ %
Address: _____	City: _____	State: _____ ZIP: _____

**Total must equal 100%**

- ☐ Check here if you have named additional primary beneficiaries on a separate sheet, signed, dated and attached to this form. Print your name and social security number at the top of each separate sheet attached.

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### 3. CONTINGENT BENEFICIARIES - Contingent beneficiaries receive death benefits if all the primary beneficiaries are deceased at the time of the client's death.

1. Name: _____	Phone: ( _____ ) _____	SSN or Tax ID: _____
E-mail: _____	Relationship: _____	DOB or Trust Date: _____ Percent: _____ %
Address: _____	City: _____	State: _____ ZIP: _____
2. Name: _____	Phone: ( _____ ) _____	SSN or Tax ID: _____
E-mail: _____	Relationship: _____	DOB or Trust Date: _____ Percent: _____ %
Address: _____	City: _____	State: _____ ZIP: _____
3. Name: _____	Phone: ( _____ ) _____	SSN or Tax ID: _____
E-mail: _____	Relationship: _____	DOB or Trust Date: _____ Percent: _____ %
Address: _____	City: _____	State: _____ ZIP: _____

**Total must equal 100%**

☐ Check here if you have named additional contingent beneficiaries on a separate sheet, signed, dated and attached to this form. Print your name and social security number at the top of each separate sheet attached.

### 4. MINOR AS BENEFICIARY

VALIC Retirement Services Company will only pay claims to a beneficiary who is a minor through a custodian or an alternative guardianship arrangement. If you have named a minor as your beneficiary, **You must** designate a custodian under your states' Uniform Transfers (Gifts) to Minors Act or contact a local attorney regarding other alternatives to guardianship requirements.

\_\_\_\_\_ as Custodian for \_\_\_\_\_ under the  
(name of custodian) (name of beneficiary who is a minor)  
\_\_\_\_\_ Uniform Transfers (Gifts) to Minors Act.  
(state)

☐ Check here if you have named custodians for additional minors who are beneficiaries on a separate sheet, signed, dated and attached to this form.

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### 5. SPOUSAL CONSENT

Spousal Consent is required for ERISA and certain other plans when designating a non-spouse as a primary beneficiary. The Plan Administrator or a Notary Public must witness your spouse's signature. If you are not sure if this requirement applies to you, please call the Client Contact Center at 1-800-448-2542.

#### Required for spouse: For your spouse to read and sign

Under federal law for ERISA plans, as the spouse of the contract owner, you have the right to receive a survivor benefit of at least 50% of the amount in this contract if your spouse dies before you.

- I agree to the beneficiary designation listed above.
- I understand and agree that I am giving up my right to receive a survivor benefit payment from VALIC Retirement Services Company, and I release VALIC Retirement Services Company from all liability for completing this transaction.

Spouse (Print Name) \_\_\_\_\_ Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

### WITNESSED BY PLAN ADMINISTRATOR

Plan Administrator (Print Name) \_\_\_\_\_ Plan Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_

### WITNESS BY NOTARY PUBLIC

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned, a Notary Public, personally appeared \_\_\_\_\_ who executed the above Spousal Consent as a free and voluntary act.

IN WITNESS THEREOF, I have signed my name and affixed my official notarial seal/stamp this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
(SEAL/STAMP)

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_

### 6. CLIENT SIGNATURE

I authorize the Beneficiary designations indicated on this form and attest to the accuracy of the information contained therein.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### WHEN TO COMPLETE FORM:

Complete this form to designate a Beneficiary(ies) for your Retirement Plan account. Please fax this form to 1-877-202-0187 or mail to the address below for processing:

VALIC Document Control  
P.O. Box 15648  
Amarillo, TX 79105-5648

If overnight delivery:

VALIC Retirement Services Company  
1050 N. Western St.  
Amarillo, TX 79106-7011

Questions about this form may be directed to 1-800-448-2542, Monday through Friday, 7 a.m. - 8 p.m. Central Time

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### **BENEFICIARY DESIGNATION**

In the event that no Beneficiary is designated, the Plan distribution will be paid to your estate unless the plan document provides otherwise.

Upon the Client's death, payment shall be made to the Primary Beneficiary(ies) if living, otherwise to the Contingent Beneficiary(ies) if living unless otherwise indicated. If there is no Beneficiary living when the Client dies, payment shall be made to the Client's estate unless the plan document provides otherwise.

Only lawful children, born to or legally adopted by the Client, shall be included as a class if the class designation of "children" or "all my children" is named as Beneficiary.

The plan sponsor may rely on an affidavit by any Beneficiary relating to the date of birth, death, marriage or remarriage, names, addresses and other facts concerning all Beneficiaries. The plan sponsor shall incur no liability in relying and acting on such affidavit. Beneficiary Designation will not take effect until the form has been received and accepted in good order.

### **CHANGE OF BENEFICIARY DESIGNATION**

The Client has the right to change the Beneficiary Designation by written request in form satisfactory to the plan sponsor signed while the Client is alive. If you change your beneficiary from your spouse to a non-spouse, a spousal consent will be required before the change becomes effective. When the written request has been recorded, the change shall be effective as of the date the request was signed, even though the Client may have since died.

A change of Beneficiary Designation will have no effect on any action taken by the company before the change is recorded. A change of Beneficiary Designation shall revoke any prior Beneficiary Designation.

### **INTERNAL REVENUE SERVICE (IRS) AND DEPARTMENT OF LABOR (DOL) GUIDANCE ON MARRIAGE**

For federal tax law and ERISA purposes, under current IRS and DOL guidance (1) a same-sex marriage that was valid in the state or country it was entered into will be recognized by the IRS or DOL, regardless of the married couple's place of domicile; and (2) although a state may recognize domestic partnerships or civil unions, the terms "spouse," "husband and wife," "husband," and "wife" do not include individuals who have entered into a registered domestic partnership, civil union, or other similar formal relationship recognized under state law that is not denominated as a marriage under the laws of that state.

**QUALIFIED JOINT AND SURVIVOR ANNUITY AND QUALIFIED ANNUITY BENEFIT: FOR ERISA PLANS ONLY**

This notice should be provided to you at least 30 days, but no more than 180 days, before your proposed distribution date.

If you are married, your retirement plan distributions will be paid to you in the form of a Qualified Joint and Survivor Annuity ("QJSA") unless you elect a different form of distribution. Under your QJSA, if your spouse survives you, the plan will pay him or her at least 50% of the amount the plan had been paying to you, on the same frequency as the payments to you. If you are not married, your benefit will be paid monthly over your life and will end upon your death unless you elect a different form of distribution. This benefit is referred to as a Qualified Annuity Benefit ("QAB").

The plan may satisfy the QJSA or QAB by using your vested account balance to purchase an annuity contract from an insurance company. The actual monthly payments made under the annuity contract will depend on the value of your account balance, annuity purchase rates used by the insurance company, your age, and if you are married, your spouse's age at the time the distribution begins.

The following table reflects the relative values of monthly payments from a Joint and Survivor Annuity and a Life Annuity, assuming a vested account balance of \$5,000 and an interest rate of 6%. This table is based on the Annuity 2000 Mortality tables. **The table is hypothetical and does not reflect the value of your individual benefit or the actual payments you or your beneficiaries would receive.** Please note that as the ages change, the payment amount will change. If none of the examples closely approximates your situation, you may obtain a more accurate value specific to your situation from your plan administrator or from your financial professional.

**Age at Benefit Starting Date**

Annuitant	70	65	60	55	50	45	40	35
Spouse	65	70	55	60	45	50	35	40

**Monthly Payment**

Annuitant Life Only	39.62	35.35	32.38	30.27	28.75	27.61	26.76	26.13
Joint and 50% Survivor	35.47	33.65	30.21	29.26	27.53	26.99	26.07	25.76
Joint and 75% Survivor	33.71	32.86	29.23	28.78	26.95	26.70	25.73	25.58

This QJSA or QAB requirement may not apply to smaller account balances (generally below \$5,000) and will not apply if you have elected another form of benefit. A partial withdrawal would be considered another form of benefit for this purpose. Other alternate forms of benefits that may be available under your employer's plan and under your plan investments may include:

**Annuity**

An annuity can provide you with payments for your life or for your life and that of your beneficiary; payments for a specified period; payments for your lifetime with a minimum guaranteed period; or a continuation of payments to your surviving spouse that is different from the plan's percentage of the payments made to you. Generally, the more that the form of payment guarantees, such as a minimum period of payments, or payments to your surviving spouse or to another beneficiary, the more that specified benefit amount will cost. There are IRS rules that may limit the period during which payments may be made.

**Lump-Sum Distribution**

If you elect a lump-sum distribution, your benefit will be paid to you in one payment. The amount of your benefit is the vested portion of your account balance as of the valuation date used to calculate your distribution.

**Installments**

If you elect to receive your benefits in installments, you may specify the dollar amount and frequency of your payments. The period of time over which you receive these installments cannot be greater than your life expectancy or the joint life and last survivor expectancy of you and your designated beneficiary. There are other IRS rules that may further limit the period over which you receive payments.

In order to elect one of these alternative forms of benefits you must waive your right to the QJSA or QAB, and if you are married, your spouse must also consent in writing. In addition, this written consent must be witnessed by a Notary Public or by your Plan Administrator. You are entitled to 30 days (but no more than 180 days) within which to make this decision. Although you have at least 30 days to make this decision, under some circumstances, you may waive this minimum 30-day period, and if you submit a waiver of the QJSA or QAB less than 30 days after it is signed we will assume that you are waiving this notice period. Unless a waiver of the QJSA or QAB is made irrevocably, you have the right to revoke the waiver and execute another waiver at a later time, up to the time when the benefit payments have started. You also have the right to defer receiving a distribution, subject to the terms of your employer's plan as well as legal requirements that generally require distributions to commence upon the later of attainment of age 73 (age 72 if you were born after June 30, 1949 and before January 1, 1951 & age 70 ½ if you were born before July 1, 1949), or retirement.

The investment options available to you, the right to change investment options, and the fees imposed under the investment options will not be affected by your decision to defer distributions.