

YMCA RETIREMENT FUND



DESIGNATION OF BENEFICIARY FOR THE RETIRED DEATH BENEFIT

This beneficiary designation is only for the Retired Death Benefit and does not apply to any Joint & Survivor annuity benefits. If you have chosen the Principal Guarantee option, these will be your designated beneficiaries also unless you submit a Designation of Beneficiary for the Principal Guarantee Annuity Option form. KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

Instructions

Designate *both* primary and contingent beneficiaries for your YMCA Retirement Fund Plan(s) benefits. One or more primary and contingent beneficiaries may be named. The primary beneficiary(ies) will receive benefits in the event of your death. The contingent beneficiary(ies) will be paid the designated shares **only** if all primary beneficiaries have predeceased you.

- All beneficiaries must be listed by name. Do not use general categories such as "children," "parents," or "survivors." If an organization is named, give its full corporate name and legal address.
- The total distribution percentages among all primary beneficiaries and all contingent beneficiaries must each equal 100%. If no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages.
- If a primary beneficiary dies before you, his or her interest and the interest of his or her heirs shall terminate completely. The percentage share of any remaining primary beneficiary(ies) designation(s) shall be increased on a pro-rated basis, unless you submit a new designation of beneficiary form indicating otherwise.
- If no primary or contingent beneficiary survives you, the total benefits will be paid to your estate or next of kin.

THIS FORM IS NOT VALID unless both pages are completed and received by the YMCA Retirement Fund, 140 Broadway, New York, NY 10005-1197. Forms that have corrections or edits of any kind will not be accepted. Forms that are not notarized will be returned. Faxes will not be accepted.

I designate the individual(s) and/or entity(ies) below as my primary and/or contingent beneficiary(ies) for my YMCA Retirement Fund Plan(s) benefits and hereby revoke all prior beneficiary(ies) designation(s), if any, made by me.

Your Name (Please Print)

Home Address (Street) City State Zip

PRIMARY Beneficiary(ies)

Name	Address	Relationship	SS #	Birth Date	% Amount
Primary					
Second Primary					
Third Primary					
Fourth Primary					

Total of all primary beneficiaries must equal 100%

CONTINGENT Beneficiary(ies)

First Contingent					
Second Contingent					
Third Contingent					
Fourth Contingent					

Total of all contingent beneficiaries must equal 100%



Signature and Notarization

This form must be signed in the presence of a notary public.

I understand that I may change beneficiaries by proper notice to the Fund, and that keeping my beneficiary(ies) designation(s) up-to-date is my responsibility. I hereby certify that the foregoing information is true to the best of my knowledge and belief.

Participant's Current Name (Please Print)

Participant's Former Name (If Applicable)

Home Address (Street

City

State

Zip)

Home Phone

Email

PARTICIPANT SIGNS

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------	----------------------	----------------------

Social Security Number

State of _____) County of _____)

On (mm/dd/yyyy) ____/____/____ before me, (name and title of notary public or officer) _____,
personally appeared (name of person signing instrument) _____,
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to
the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by
his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

Witness my hand and official seal.

NOTARY SIGNS

(Seal:)