



**C. CONTINGENT BENEFICIARY: (optional)**

Contingent Beneficiary (optional): If no Primary Beneficiary listed herein is alive upon my death, I designate the following person(s) to receive my account balance upon my death. [Up to 3 decimals may be entered when assigning percentages (e.g., 33.333%, 33.334%, etc.), but **the total for all contingent beneficiaries must equal 100%.**]

Name	Relationship	SSN	Percent
Name	Relationship	SSN	Percent
Name	Relationship	SSN	Percent
Name	Relationship	SSN	Percent

**D. PARTICIPANT SIGNATURE:**

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date