

BENEFICIARY CHANGE 457/401(a) PLANS

PLAN NAME				PLAN	NUMBER/	TYPE
SOONERSAVE DEFERRED COMPENSATION PLAN 457				989	88-01	457
SOONERSAVE SAVINGS INCENTIVE PLAN 401(a)			9898	88-02	401(a)	
PARTICIPANT INFO	RMATION			l l		
	-	1				
Last N	Name First I	Name MI		Social Securit	y Number	
	Address - Number & Street					_
			Account Extension (if applicable) Account Extension identifies funds that			
	City State	Zip Code		were transferred to yo	u through a dea	th.
	E-Mail Address (optional)		Female	☐ Male	☐ Married	Unmarried
	PLF	CASE COMPLETE THE I	ENTIRE FORM			
Please	read the Required Signatur	re section on the last pag	ge before provid	ling your benefic	iary electio	n.
457 PLAN BENEFICIA						
The designations made on the provisions of the Pla	on this form will supercede and r on Document.	evoke all prior beneficiary d	esignations. If this	s section is left blanl	ι, the designa	tion will default to
Primary Beneficiar	y					
#1 % of Account Balance	Social Security Number	Primary Beneficiary N	lame	Relations	shin	Date of Birth
% of ficedant Bulance	Social Security Transpor	Timaly Beneficially 1		1001001011	p	Bate of Birth
Address		City		Sta	te	Zip Code
#2	Social Security Number	Primary Beneficiary N	lame	Relations	hip	Date of Birth
Address		City		Stat	e	Zip Code
#3						
% of Account Balance	Social Security Number	Primary Beneficiary N	lame	Relations	hip	Date of Birth
Address		City		Sta	to	Zip Code
		Olby		Sta		Zip code
Contingent Benefic	iary					
#1						
#1	Social Security Number	Contingent Beneficiar	ry Name	Relation	ship	Date of Birth
		au.		Q		
Address		City		State)	Zip Code
#2	Social Security Number	Contingent Beneficiar	ny Nama	Relation	nghin	Date of Birth
% of Account Balance	Social Security Ivamiser	Contingent beneficial	ly Ivaille	itelation	isiiip	Date of Birtin
Address		City		State		Zip Code
		-				•
#3	Social Security Number	Contingent Benefician	ry Name	Relation	ıship	Date of Birth
Address		City		State	9	Zip Code

The account balance percentage can be divided up to two decimal points (Example: 33.33%). Primary & Contingent beneficiary (s) must separately total 100.00%.PLEASE COMPLETE THE ENTIRE FORM



401(a) PLAN BENEFICIARY DESIGNATION

The designations made on this form will supercede and revoke all prior beneficiary designations. If this section is left blank, the beneficiary designation you specified for the 457 Plan will apply to the 401(a) Plan . In the event both the 457 and 401(a) beneficiary designation sections are left blank, both Plans will default to the provisions of the Plan document.

Primary	Beneficiary

#1	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth
Address		City	State	Zip Code
#2 % of Account Balance	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth
76 of recount Balance	Social Security Ivanises	Timary Denember Ivanie	ivelationsinp	Date of Birtin
Address		City	State	Zip Code
#3 % of Account Balance	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth
Address		City	State	Zip Code
Contingent Beneficia	ary			
#1	Q : 1Q :: N 1	G ti the transfer of the trans	D.1.4. 1.	D ((D) (1
% of Account Balance	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth
Address		City	State	Zip Code
#2 % of Account Balance	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth
% of recount Balance	Social Security Trumber	Contingent Beneficiary Name	rectationship	Date of Birtin
Address		City	State	Zip Code
#3	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth
Address		City	State	Zip Code

The account balance percentage can be divided up to two decimal points (Example: 33.33%). Primary & Contingent beneficiary(s) must separately total 100.00%.

REQUIRED SIGNATURES

This designation supersedes all prior designations and is effective upon its execution and delivery to the SoonerSave office. If I name more than one beneficiary in either category, the surviving beneficiaries in that category will share equally unless otherwise indicated. The right to change the beneficiary is reserved to me. If any information is missing, additional information may be required. In the event both the 457 and 401(a) Beneficiary Designation sections are left blank, both Plans will default to the provisions of the Plan Document. If all of my primary and contingent beneficiaries predecease me and I fail to designate new beneficiaries, amounts will be paid pursuant to the terms of the Plan Document. (For more information, please contact your SoonerSave office.)

I also understand that if I designate more than two primary or contingent beneficiaries to share equally, it is possible that the percentage of the account balance could differ slightly on my confirmation statement. For example: If three beneficiaries are designated to share equally or percentages are not provided, the percentage of the account balance for each beneficiary would appear on the confirmation statement as follows:

Beneficiary A 33.33% Beneficiary B 33.33% Beneficiary C 33.34% TOTAL 100.00%

However, if I request the beneficiaries to share equally or percentages are not provided, I understand any unpaid amounts upon my death will be divided equally.

	Participant Signature	 Date

Participant return to: SoonerSave Office **Mailing Address:** SoonerSave Administrator P.O. Box 53007 Oklahoma City, OK 73152