

**PENSION PLAN OF THE PACIFIC NORTHWEST LABORATORIES,
BATTELLE MEMORIAL INSTITUTE ("PLAN")
PRERETIREMENT BENEFICIARY DESIGNATION FORM**

Member Information:

Name (Last, First, Middle) _____ Social Security Number _____ Employee I.D. No. _____

Marital Status (Initial One): _____ Single _____ Married
(If your marital status changes, you must complete a new beneficiary form.)

Beneficiary Designation:

To the following PRIMARY BENEFICIARY(IES) who survive me, in equal shares unless otherwise indicated (Print Names in Full):

Name (Last, First, Middle)	Relationship	Date of Birth	Social Security Number	Percent
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

To the following CONTINGENT BENEFICIARY(IES) (Initial One):

_____ 1. Equally to my children born to or legally adopted by me, if living, otherwise to their issue, per stirpes.
(Per stirpes—the child(ren) of a deceased child share equally in the deceased child's share.)

_____ 2. Equally to my children born to or legally adopted by me, who are living at the time of my death.

_____ 3. To the person(s) named below, in equal shares unless otherwise indicated (Print Names in Full):

Name (Last, First, Middle)	Relationship	Date of Birth	Social Security Number	Percent
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Payment Requirements:

- If you are single at the time you complete this Preretirement Beneficiary Designation Form and if you subsequently marry, your spouse becomes your sole primary beneficiary, regardless of the person(s) designated on this form, unless your spouse consents to a different beneficiary(ies).
- If you are married at the time you complete this Preretirement Beneficiary Designation Form and you do not want your surviving spouse to be your sole primary beneficiary, your spouse is required to complete the consent section on the back page of this form. This consent section must be completed in the presence of a Notary Public or an authorized Plan Representative.

Member's Signature:

I hereby revoke any prior beneficiary designation made by me and direct that any benefits which may become payable under the Plan, upon my death, shall be paid to the beneficiary(ies) designated on this form, subject to the terms of the Plan as it may be amended from time to time. If I have designated more than one primary beneficiary or contingent beneficiary, payments will be made equally to them, unless otherwise indicated on this designation. If no primary or contingent beneficiary(ies) can be determined at the time of my death, I understand that any benefits will be paid in accordance with the terms of the Plan. This beneficiary designation remains in effect until I revoke it by completing another Beneficiary Designation Form.

Signature _____

Signature
of Witness _____
(Cannot be a Beneficiary)

Printed Name _____

Printed Name _____

Date _____

Date _____

Return this form to your component Benefits Administration Office.

Date Received _____

Plan Representative _____

**PENSION PLAN OF THE PACIFIC NORTHWEST LABORATORIES,
BATTELLE MEMORIAL INSTITUTE ("PLAN")
EXPLANATION OF A QUALIFIED PRERETIREMENT SURVIVOR ANNUITY**

Plan members who die prior to their retirement with a vested accrued benefit in the Plan have a death benefit that will be paid either to their spouse or a designated beneficiary. If the present value of a member's vested accrued benefit is \$5,000 or less, the actuarial equivalent will automatically be paid to the spouse or a designated beneficiary in a lump sum.

At the time of a Plan member's death, the member's surviving spouse will be able to choose from several death benefit payment options. Unless the member with the consent of the spouse has chosen an alternative beneficiary, one of the options required by federal law to be offered to the spouse is a Qualified Preretirement Survivor Annuity ("QPSA"). A QPSA provides the surviving spouse with a series of monthly payments for the remainder of the spouse's life. Based upon the member's eligibility for early retirement at the time of death or separation from service and in accordance with the terms of the Plan, the QPSA will be paid in one of the following forms:

1. If the member is age 55 or older at the time of death, immediate monthly payments in the actuarial equivalent form of a Joint Life and 50% Survivor Annuity for the remainder of the surviving spouse's life.
2. If the member is age 54 or younger at the time of death, deferred monthly payments in the actuarial equivalent form of a Joint Life and 50% Survivor Annuity for the remainder of the surviving spouse's life.

Alternatively, the surviving spouse may elect another form of benefit available under the terms of the Plan.

WAIVER

Beginning with the first day of the Plan Year in which a member attains age 35 (or when a member terminates employment if the member is under age 35), the member may voluntarily waive the requirement that the member's spouse be the sole beneficiary. The member's spouse must consent to any waiver made by the member. The spousal consent must be in writing and witnessed by an authorized Plan Representative or a Notary Public. The member may revoke or change the waiver at any time; however, if the member names someone other than the spouse as beneficiary, spousal consent to the change will be required. Spousal consent may be revoked any time prior to the member's death. In accordance with the terms of the Plan, the following payment forms are alternatives to a QPSA:

- a. 120 monthly payments, each payment equal to the member's vested accrued benefit adjusted to the benefit payable as of the date of death.
- b. Lump sum equal to the actuarial equivalent of the 120 payments in (a) above.

**SPOUSAL CONSENT
(Not required if spouse is sole primary beneficiary.)**

**Spousal Consent to Waiver of Qualified Preretirement Survivor Annuity and to Naming of Different Beneficiary(ies)
(As required by law, your signature must be witnessed by an authorized Plan Representative or a Notary Public.)**

I, _____ (name of spouse), am the legal spouse of _____ (name of member) and I have read the above Explanation of a Qualified Preretirement Survivor Annuity ("QPSA"). I understand that I have the legal right to have my spouse's death benefit paid in the form of a QPSA. I understand that by signing this consent, I may receive less money than I would have received under a QPSA. In accordance with the designation on this form, I agree to give up the right to any or all amounts that I may be entitled to under the terms of the Plan. The effect of this designation is to cause my spouse's benefit to be shared with or paid entirely to a beneficiary(ies) other than me. By signing this consent, my spouse cannot change the beneficiary named in this designation to anyone other than me, unless I agree to the new beneficiary(ies) by signing a new consent form. I understand that I do not have to sign this consent and the signing of this consent by me is a voluntary act. Further, I understand that I may revoke this consent at any time prior to my spouse's death. (To revoke this consent, contact Battelle's Benefits Administration Office to initiate the process.)

Signature of Spouse _____ Date _____

Printed Name _____

As an authorized Plan Representative, I confirm that the individual who signed the spouse's consent above has appeared before me, is known personally by me or presented satisfactory identification to me, and signed this form in my presence.

Signature of Plan Representative _____ Date _____

Printed Name _____

OR

Sworn to and signed before me this _____ day of _____, 19_____.

Signature of Notary Public _____ My commission expires: _____
(Seal)