PDS Tech

Beneficiary Designation
401(k) Plan

Use black or blue ink when completing this form. For questions regarding this form, contact Service Center at 1-855-576-7526.

169141-01 PDS 401(K) PLAN FOR MARITIME SECTOR EMPLOYEES

A Participant Information

Social Security Number | Account Extension

Account extension identifies funds transferred to a beneficiary due to death, alternate payee due to divorce or a participant with multiple accounts.

Last Name | First Name | M.I. | Date of Birth (/ /)

Street Address | Personal Phone Number ( )

City | State | Zip Code | Work Phone Number

Email Address | ❑ Married ❑ Unmarried

B Primary Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)

If I am married, my Plan requires my spouse as primary beneficiary for 100% or my spouse consents to my beneficiary designation.

% | / /

% of Account Balance | Primary Beneficiary Name | Relationship | Social Security Number | Date of Birth

Street Address | City | State | Zip Code

% | / /

% of Account Balance | Primary Beneficiary Name | Relationship | Social Security Number | Date of Birth

Street Address | City | State | Zip Code

% | / /

% of Account Balance | Primary Beneficiary Name | Relationship | Social Security Number | Date of Birth

Street Address | City | State | Zip Code

Contingent Beneficiary Designation

% | / /

% of Account Balance | Contingent Beneficiary Name | Relationship | Social Security Number | Date of Birth

Street Address | City | State | Zip Code

% | / /

% of Account Balance | Contingent Beneficiary Name | Relationship | Social Security Number | Date of Birth

Street Address | City | State | Zip Code

% | / /

% of Account Balance | Contingent Beneficiary Name | Relationship | Social Security Number | Date of Birth

Street Address | City | State | Zip Code

C Signatures and Consent

Participant Consent

I have completed, understand and agree to all pages of this Beneficiary Designation form. Subject to and in accordance with the terms of the Plan, I am making the above beneficiary designations for my vested account in the event of my death. If I have more than one primary beneficiary, the account will be divided as specified. If a primary beneficiary predeceases me, his or her benefit will be allocated to the surviving primary beneficiaries. Contingent beneficiaries will receive a benefit only if there is no surviving primary beneficiary, as specified. If a contingent beneficiary predeceases me, his or her benefit will be allocated to the surviving contingent beneficiaries. If I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan or applicable law. This designation is effective upon execution and delivery to Service Center. If any information is missing, additional information may be required prior to recording my designation.

This designation supersedes all prior designations. Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally. **Primary and contingent beneficiaries must separately total 100% in whole percentages.**

Last Name	First Name	M.I.	Social Security Number	169141-01 Number

I understand that Service Center is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Center cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at: http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx.

Important Notice: In accordance with ERISA and/or Plan Document, if I am married and I elect a primary beneficiary other than my spouse or in addition to my spouse, my spouse must consent by signing the Spousal Consent section of this form.

Any person who presents false or fraudulent information is subject to criminal and civil penalties.

Participant Signature _____ **Date *(Required)*** _____

Spousal Consent

Dates of the participant's spouse signature and notarization or witness by Plan Administrator/Trustee must match.

I, (name of spouse) _____, the current spouse of the participant, hereby voluntarily consent to the participant's primary beneficiary designation above and understand its effect. I understand that my spouse's beneficiary designation means that I will not receive 100% of his or her vested account balance under the Plan and that my spouse's election is not valid unless I consent to it. I understand that by consenting to the beneficiary designation, I give up my right to a qualified survivor annuity. I hereby voluntarily consent to the primary beneficiary(ies) named on the previous page. I understand that my consent is irrevocable unless my spouse revokes the waiver election, changes the beneficiary designation, or designates me to receive 100% of his or her vested account balance.

Spouse Signature _____ **Date *(Required)*** _____

Witness of Spouse's Signature

The spouse's signature must be witnessed by a Notary Public or Plan Administrator/Trustee (see below).

Statement of Notary **NOTE: Notary seal must be visible.**

State of _____)
)ss.
County of _____)

The consent to this request was subscribed and sworn *(or affirmed)* to before me on this _____ day of _____, year _____, by ***(name of spouse)*** _____ proved to me on the basis of satisfactory evidence to be the person who appeared before me, who affirmed that such consent represents his/her free and voluntary act.

SEAL

Notary Public Signature _____ My commission expires _____

Authorized Plan Administrator/Trustee Signature

I accept the information provided by the participant on this form.

If notarized consent is not obtained, I certify that the Spousal Consent was signed by the spouse of the participant in my presence.

Authorized Plan Administrator/Trustee Signature _____ **Date *(Required)*** _____

D Mailing Instructions

Participant forward to Employer
Employer forward to Service Center

Retirement Service Center
Regular Mail:
PO Box 173764
Denver, CO 80217-3764

Phone: 1-855-576-7526
Fax: 1-866-745-5766
Website:
www.retirementlink.jpmorgan.com

Express Mail:
8515 E. Orchard Road
Greenwood Village, CO 80111

Certain recordkeeping and administrative services for plans may be provided on behalf of J.P. Morgan Retirement Plan Services LLC (J.P. Morgan) by FASCore, LLC (FASCore). Securities transactions are effected by an affiliate of FASCore: GWFS Equities, Inc. (GWFS), a registered broker-dealer and member of FINRA. For transactions involving units of collective investment trusts GWFS is also a member of SIPC. GWFS and FASCore are independent entities and are not affiliated with J.P. Morgan. If retirement brokerage services are available in the Plan, those services are offered by Charles Schwab & Co, Inc. (Schwab). Schwab receives fees for providing these services and is not affiliated with J.P. Morgan, FASCore or GWFS.