



# Designation of Beneficiary

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## For Qualified Retirement Plans

- Use this form to designate primary and secondary beneficiaries for your retirement plan. You may change your beneficiaries at any time.
- This designation will apply to all existing and future tax-deferred accounts for the plan type(s) you select that are established under your Social Security number.
- Please complete and return this form to your benefits office.  
**Do not return to American Century Investments.**
- If you are under age 35 and name someone other than your spouse as your designated beneficiary for any portion of your account subject to a qualified preretirement survivor annuity, such beneficiary designation will become invalid in the plan year in which you attain age 35. You must execute a new beneficiary designation at that time. This requirement applies to all money purchase pension plans and may apply to other types of retirement plans. Check with your Benefits Office to determine if this requirement applies to you.

**Please print clearly in CAPITAL letters using black ink and sign on Page 4.**

**If you have questions about this *Designation of Beneficiary* form, please call a Business Retirement Specialist at 1-800-345-3533.**

## 1 Choose the Plan to Which This Designation Will Apply

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I would like this designation of beneficiary to apply to my American Century Investments:

Profit sharing/401(k) plan       Money purchase pension plan       Other 401(a) plan

**If you want to designate different beneficiaries for each plan type, please complete a separate form for each.**

## 2 Provide Information About Yourself

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Mr. / Mrs. / Ms.      First name

Middle initial      Last name

U.S. Social Security number

### 3 Designate Your Primary Beneficiaries

Benefits will be paid only to those beneficiaries living at the time of your death, unless your employer's plan provides otherwise. If percentages are not indicated, or do not total 100%, we will pay benefits in equal shares. If any of your primary beneficiaries are not living at the time of your death, benefits will be divided proportionately among the remaining primary beneficiaries. **Complete all information requested to designate primary beneficiaries.**

**In the event of my death, pay the balance of my retirement account(s), as indicated in Step 1, to:**

Beneficiary's name %  
Percentage

Beneficiary's U.S. Social Security number      Date of birth (month-day-year)      Relationship to you

Street address Apartment/Unit

City State      ZIP

Beneficiary's name %  
Percentage

Beneficiary's U.S. Social Security number      Date of birth (month-day-year)      Relationship to you

Street address Apartment/Unit

City State      ZIP

Beneficiary's name %  
Percentage

Beneficiary's U.S. Social Security number      Date of birth (month-day-year)      Relationship to you

Street address Apartment/Unit

City State      ZIP

**Complete this section if a trust is one of your primary beneficiaries. Consult your attorney regarding this designation.**

Name of trust %  
Percentage

Date of trust (month-day-year)      Trust's Tax Identification number

Name of trustee

Street address Apartment/Unit

City State      ZIP

## 4 Designate Your Secondary Beneficiaries

Benefits will be paid only to those beneficiaries living at the time of your death, unless your employer's plan provides otherwise. If percentages are not indicated, or do not total 100%, benefits will be paid in equal shares. If any of your secondary beneficiaries are not living at the time of your death, benefits will be divided proportionately among the remaining secondary beneficiaries. **Complete all information requested to designate secondary beneficiaries.**

**If none of my primary beneficiaries listed on this form are living at the time of my death, pay the balance of my retirement account(s), as indicated in Step 1, to:**

Beneficiary's name \_\_\_\_\_ %  
Percentage

Beneficiary's U.S. Social Security number \_\_\_\_\_ Date of birth (month-day-year) \_\_\_\_\_ Relationship to you \_\_\_\_\_

Street address \_\_\_\_\_ Apartment/Unit \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Beneficiary's name \_\_\_\_\_ %  
Percentage

Beneficiary's U.S. Social Security number \_\_\_\_\_ Date of birth (month-day-year) \_\_\_\_\_ Relationship to you \_\_\_\_\_

Street address \_\_\_\_\_ Apartment/Unit \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Complete this section if a trust is one of your secondary beneficiaries. Consult your attorney regarding this designation.**

Name of trust \_\_\_\_\_ %  
Percentage

Date of trust (month-day-year) \_\_\_\_\_ Trust's Tax Identification number \_\_\_\_\_

Name of trustee \_\_\_\_\_

Street address \_\_\_\_\_ Apartment/Unit \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## 5 Sign Your Name

I hereby revoke all previous beneficiary designations for my retirement plan, as indicated in Step 1. I understand that I may change my beneficiary at any time and that the change is effective when received in writing and accepted by my employer.

Signature

Date

Please do not return this form to American Century Investments. The form must be returned to your employer.

## 6 Obtain Consent of Spouse

Your spouse must complete this step if you did not name him or her as the sole primary beneficiary of your plan.

**Please note:** If you have not designated your spouse as your sole primary beneficiary, and your plan is subject to the qualified preretirement survivor annuity requirements described on Page 1, you and your spouse **must** complete an additional form called *Explanation and Waiver of Qualified Preretirement Survivor Annuity* in order for this *Designation of Beneficiary* form to be valid. This form is available from your employer.

I acknowledge that I have read this *Designation of Beneficiary* form completed by my spouse. I acknowledge that I have not been designated as my spouse's sole primary beneficiary. I hereby voluntarily and irrevocably consent to the designation of beneficiary made by my spouse. I further acknowledge that I read and understood the *Explanation and Waiver of Qualified Preretirement Survivor Annuity*. I acknowledge and understand that if I decline to sign this acknowledgement and consent, I will receive 100% of any death benefits payable if I am the surviving spouse.

Spouse's name

Spouse's signature

Date

**Acknowledgement – Your spouse's signature must be acknowledged by a notary public.**

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, appeared before me in person, the person whose signature appears above, the spouse of the employee, to me personally known to be the person who executed the above foregoing consent and acknowledged to me that (s)he executed the same as his or her own free act and deed and for the purpose therein stated.

Notary public's signature (Seal)

Commission expires (month-day-year)