

# 403(b)(7) Designation of Beneficiary

PO Box 219109 • Kansas City, MO 64121-9109 • 800-525-1093

Use this form to add or change beneficiaries on your 403(b)(7) account(s).

- All beneficiaries will receive equal shares upon the death of account owner unless otherwise indicated. Beneficiary allocations must equal 100%.
- If more space is needed, please attach additional instructions.
- Print in capital letters in black ink.
- Questions? Call 800-525-1093.

**1. What name is on your 403(b)(7) account?**

Owner's First Name	Middle Initial	Last Name
Social Security Number	Date of Birth	Phone Number
Account Number(s)		

**2. Primary Beneficiaries:** (If applicable, the share of a beneficiary who predeceases the account owner will be divided proportionally among the surviving beneficiaries. **The sum of all primary beneficiary designations must equal 100%.**)

**A.**

<input type="checkbox"/> Spouse	Name
<input type="checkbox"/> Non-Spouse	Social Security or Taxpayer ID Number      Date of Birth/UA Date of Trust      % of Account
<input type="checkbox"/> Trust	
<input type="checkbox"/> Other Entity	
<input type="checkbox"/> Minor	Custodian's full name if beneficiary is a minor. Appoint one person as a custodian. You cannot name yourself as custodian.

**B.**

<input type="checkbox"/> Non-Spouse	Name
<input type="checkbox"/> Trust	Social Security or Taxpayer ID Number      Date of Birth/UA Date of Trust      % of Account
<input type="checkbox"/> Other Entity	
<input type="checkbox"/> Minor	Custodian's full name if beneficiary is a minor. Appoint one person as a custodian. You cannot name yourself as custodian.

**C.**

<input type="checkbox"/> Non-Spouse	Name
<input type="checkbox"/> Trust	Social Security or Taxpayer ID Number      Date of Birth/UA Date of Trust      % of Account
<input type="checkbox"/> Other Entity	
<input type="checkbox"/> Minor	Custodian's full name if beneficiary is a minor. Appoint one person as a custodian. You cannot name yourself as custodian.

**Total (must equal 100%):** \_\_\_\_\_

**3. Contingent (Alternate) Beneficiaries:** (If left blank, any existing contingent beneficiaries will be removed from the account(s). Contingent beneficiaries will receive account assets only if no Primary Beneficiaries survive the account owner, or Primary Beneficiaries disclaim assets. The sum of all contingent beneficiary designations must equal 100%.)

**A.**

<input type="checkbox"/> Spouse	Name _____		
<input type="checkbox"/> Non-Spouse	_____		
<input type="checkbox"/> Trust	_____		
<input type="checkbox"/> Other Entity	Social Security or Taxpayer ID Number _____	Date of Birth/UA Date of Trust _____	% of Account _____
<input type="checkbox"/> Minor	_____		

\_\_\_\_\_  
Custodian's full name if beneficiary is a minor. Appoint one person as a custodian. You cannot name yourself as custodian.

**B.**

<input type="checkbox"/> Non-Spouse	Name _____		
<input type="checkbox"/> Trust	_____		
<input type="checkbox"/> Other Entity	_____		
<input type="checkbox"/> Minor	Social Security or Taxpayer ID Number _____	Date of Birth/UA Date of Trust _____	% of Account _____

\_\_\_\_\_  
Custodian's full name if beneficiary is a minor. Appoint one person as a custodian. You cannot name yourself as custodian.

**C.**

<input type="checkbox"/> Non-Spouse	Name _____		
<input type="checkbox"/> Trust	_____		
<input type="checkbox"/> Other Entity	_____		
<input type="checkbox"/> Minor	Social Security or Taxpayer ID Number _____	Date of Birth/UA Date of Trust _____	% of Account _____

\_\_\_\_\_  
Custodian's full name if beneficiary is a minor. Appoint one person as a custodian. You cannot name yourself as custodian.

**Total (must equal 100%):** \_\_\_\_\_

**4. Please read and sign below.**

- Following the death of an account owner, Janus Services LLC does not have a duty to locate beneficiaries, determine marital status or take a position if the beneficiary designation is disputed. In such instances, Janus Henderson may delay the disbursement of assets until such a time that the parties resolve the dispute and sufficient documentation of beneficiary status has been provided. We recommend that you periodically review your beneficiary designations and promptly notify Janus Henderson of any necessary changes.
- This will become part of the terms, conditions and representations of the shareholder’s application.

**CURRENT MARITAL STATUS**

- I Am Not Married.** I understand that if I become married in the future, my spouse will be my primary beneficiary unless I complete a new Designation of Beneficiary Form and my spouse consents to my designation.
- I Am Married.** I understand that my spouse will be my primary beneficiary. However, I understand I may designate a primary beneficiary other than my spouse if my spouse consents to the beneficiary in the section of this form titled “Spousal Consent.”

**Signatures**

**X**

Signature of Participant

Date

**5. Spousal Consent.**

**Complete if account owner is married and is naming non-spouse beneficiary(ies) as primary beneficiary(ies).**

I hereby consent to the designation of beneficiary on this form and acknowledge that I am the spouse of the account owner listed on this form and am entitled to receive my spouse’s vested benefit, if my spouse dies. I understand that someone other than myself is being designated as primary beneficiary on this form, and I am waiving any rights I may have to receive benefits under the plan when my spouse dies. My spouse cannot change the primary beneficiary(ies) named above to anyone other than myself, unless I consent to the new designation. My consent is irrevocable unless my spouse changes or revokes the beneficiary designation. **(Must be notarized.)**

**X**

Signature of Participant’s Spouse

Date

The signature of the spouse must be witnessed by a notary public.

**NOTARY PUBLIC**

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

**X**

Signature of Notary

My commission expires on: \_\_\_\_\_

Seal