



Ergon 401(k) Plan

344003-01

For My Information

- For questions regarding this form, visit the website at myretirement.americanfunds.com or contact Service Center at 1-800-204-3731.
- Use black or blue ink when completing this form.

A Participant Information

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

Account Extension

--	--	--	--	--	--	--	--	--	--

Social Security Number (Must provide all 9 digits)

/ /

Last Name

First Name

M.I.

Date of Birth

(The name provided MUST match the name on file with Service Center.)

()

Daytime Phone Number

Email Address

()

Alternate Phone Number

Division

☐ Married ☐ Unmarried

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

Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)

- If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation.
- See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.

%

/ /

% of Account Balance

Primary Beneficiary Name
(Name of Individual, Trust, Charity, etc.)

Social Security or Taxpayer
Identification Number

Date of Birth
or Trust Date

Street Address

City

State

Zip Code

()

Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)

Phone Number (Optional)

☐ Spouse ☐ Child ☐ Parent ☐ Grandchild ☐ Sibling ☐ My Estate ☐ A Trust ☐ Other
☐ Domestic Partner

%

/ /

% of Account Balance

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(Name of Individual, Trust, Charity, etc.)

Social Security or Taxpayer
Identification Number

Date of Birth
or Trust Date

Street Address

City

State

Zip Code

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Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)

Phone Number (Optional)

☐ Spouse ☐ Child ☐ Parent ☐ Grandchild ☐ Sibling ☐ My Estate ☐ A Trust ☐ Other
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/ /

% of Account Balance

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(Name of Individual, Trust, Charity, etc.)

Social Security or Taxpayer
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Date of Birth
or Trust Date

Street Address

City

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Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)

Phone Number (Optional)

☐ Spouse ☐ Child ☐ Parent ☐ Grandchild ☐ Sibling ☐ My Estate ☐ A Trust ☐ Other
☐ Domestic Partner

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C	Signatures and Consent <i>(Signatures must be on the lines provided.)</i>																								
Participant Consent for Beneficiary Designation <i>(Please sign on the 'Participant Signature' line below.)</i>																									
I have completed, understand and agree to all pages of this Beneficiary Designation form. Subject to the terms of the Plan, I am making the above beneficiary designations for my vested account in the event of my death. I acknowledge and agree that it is my responsibility to monitor the beneficiary designations in my account and to update the beneficiary designations as I deem necessary upon a change in marital status, death of a beneficiary or any other change that may impact my beneficiary designations. 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 unless otherwise indicated. 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 unless otherwise indicated. If I fail to designate beneficiaries, or no beneficiary (including all contingent or successive beneficiaries) survives me, amounts will be paid pursuant to the terms of the Plan or applicable law. This designation is effective upon execution and delivery to Plan Administrator. 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%. The percentages can be divided up to two decimal points (Example: 33.33%). 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 for Beneficiary Designation section of this form. Any person who presents a false or fraudulent claim is subject to criminal and civil penalties. Participant Signature _____ Date (Required) _____ <i>A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.</i>																									

C	Signatures and Consent <i>(Signatures must be on the lines provided.)</i>		
Spousal Consent for Beneficiary Designation <i>(If applicable, please have the Spouse sign on the 'Spouse's Signature' line below.)</i>			
Spouse to complete: I, <i>(name of spouse)</i> _____, 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 my consent is irrevocable unless my spouse changes the beneficiary designation, or designates me to receive 100% of his or her vested account balance.			
Spouse's Signature _____ Date (Required) _____ <i>A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.</i> <i>The spouse's signature must be notarized by a Notary Public or witnessed by the participant's Plan Administrator. If a Notary Public is used, the date of the spouse's signature on this form in the 'My Spouse's Consent' section must match the date of the Notary Public signature in this section below.</i>			
Notary to complete: For Residents of all states (except California), please complete the section below. Notice to California Notaries using the California Affidavit and Jurat Form the following items must be completed by Notary on the state notary form: the title of the form, the plan name, the plan number, the document date, the participant's name and spouse's name. Notary forms not containing this information will be rejected and it will delay this request.			
<table border="0" style="width: 100%;"> <tr> <td style="width: 30%; vertical-align: top;"> Statement of Notary State of _____)) ss. _____ County of _____) </td> <td style="width: 70%; vertical-align: top;"> NOTE: Notary seal must be visible. The consent to this request was subscribed and sworn <i>(or affirmed)</i> to before me on this _____ day of _____, year _____, by _____ 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. Notary Public _____ My commission expires ____ / ____ / ____ </td> </tr> </table>		Statement of Notary State of _____)) ss. _____ County of _____)	NOTE: Notary seal must be visible. The consent to this request was subscribed and sworn <i>(or affirmed)</i> to before me on this _____ day of _____, year _____, by _____ 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. Notary Public _____ My commission expires ____ / ____ / ____
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SEAL <i>A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.</i>			
Plan Administrator Witnessing Spousal Consent <i>(Please sign on the 'Plan Administrator Signature' line below.)</i>			
If Spousal Consent notarization is not obtained, I certify that the consent was signed by the spouse of the participant in my presence. The date that I sign this form must match the date the participant's spouse has signed.			
Plan Administrator Signature _____ Date (Required) _____ <i>A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.</i>			
Print Full Name _____			
D	Delivery Instructions		
Employer DO NOT send this form to Service Center. Please retain for your records.			

This page is for informational purposes only - Do not return with the Beneficiary Designation form
EXAMPLE BENEFICIARY DESIGNATIONS

Example 1: Multiple Individuals as Beneficiaries

B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i>			
Primary Beneficiary Designation <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>			
- If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation. - See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.			
33.33 %	John M. Doe	XXX-XX-XXXX	01/06/1954
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
111 Elm Street	Anytown	MO	60000
Street Address	City	State	Zip Code
(XXX) XXX-XXXX	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
Phone Number <i>(Optional)</i>	☐ Spouse ☐ Child ☐ Parent ☐ Grandchild ☒ Sibling ☐ My Estate ☐ A Trust ☐ Other ☐ Domestic Partner		
33.33 %	Don M. Doe	XXX-XX-XXXX	01/06/1954
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
222 North Avenue	Anytown	CA	90000
Street Address	City	State	Zip Code
(XXX) XXX-XXXX	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
Phone Number <i>(Optional)</i>	☐ Spouse ☐ Child ☐ Parent ☐ Grandchild ☒ Sibling ☐ My Estate ☐ A Trust ☐ Other ☐ Domestic Partner		
33.34 %	Michelle L. Doe	XXX-XX-XXXX	01/06/1957
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
333 West Blvd	Anytown	CO	80000
Street Address	City	State	Zip Code
(XXX) XXX-XXXX	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
Phone Number <i>(Optional)</i>	☐ Spouse ☐ Child ☐ Parent ☐ Grandchild ☒ Sibling ☐ My Estate ☐ A Trust ☐ Other ☐ Domestic Partner		

Example 2: Trust as Beneficiary

B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i>			
Primary Beneficiary Designation <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>			
- If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation. - See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.			
100 %	Trust of Jane Doe	XX-XXXXXXX	06/30/2015
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
150 Main Street	Anytown	MO	60000
Street Address	City	State	Zip Code
(XXX) XXX-XXXX	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
Phone Number <i>(Optional)</i>	☐ Spouse ☐ Child ☐ Parent ☐ Grandchild ☐ Sibling ☐ My Estate ☒ A Trust ☐ Other ☐ Domestic Partner		

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EXAMPLE BENEFICIARY DESIGNATIONS

Example 3: Estate as Beneficiary

B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i>			
Primary Beneficiary Designation <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>			
- If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation. - See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.			
100 %	Estate of Anne Doe	/ /	
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
45 East Road	Anytown	MO	60000
Street Address	City	State	Zip Code
(XXX) XXX-XXXX	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
Phone Number <i>(Optional)</i>	☐ Spouse ☐ Child ☐ Parent ☐ Grandchild ☐ Sibling ☒ My Estate ☐ A Trust ☐ Other ☐ Domestic Partner		

Example 4: Charity as Beneficiary

B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i>			
Primary Beneficiary Designation <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>			
- If I am married, my Plan requires my spouse to be named as primary beneficiary for 100% of my account balance, or my spouse must consent to my beneficiary designation. - See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.			
100 %	ABC Charity	/ /	
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
75 South Place	Anytown	CO	80000
Street Address	City	State	Zip Code
(XXX) XXX-XXXX	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
Phone Number <i>(Optional)</i>	☐ Spouse ☐ Child ☐ Parent ☐ Grandchild ☐ Sibling ☐ My Estate ☐ A Trust ☒ Other ☐ Domestic Partner		