



## **Instructions**

# **Beneficiary Designation Form**

### **The Directed Account Plan #21622**

**All information must be typed or printed neatly, using uppercase letters and black ink.** If it is necessary to make corrections to the beneficiary section, you must place your initials next to the corrected or crossed-out words. **Do not use correction fluid or correction tape;** otherwise, the form will be returned to you. If you have any questions about completing this form or you need additional forms, log on to Fidelity NetBenefits® at [www.401k.com](http://www.401k.com) or call The Directed Account Plan Service Center toll-free at 1-877-4TWADAP (1-877-489-2327), Monday through Friday (excluding holidays recognized by the New York Stock Exchange), between 8:30 a.m. and midnight Eastern time to speak with a Participant Service Representative.

Make a copy of pages 3 and 4 of this form for your files and return the **original** in the enclosed envelope or, if you use your own envelope, mail to the following address:

The Directed Account Plan Service Center  
PO Box 770003  
Cincinnati, OH 45277-0065

#### **A. ABOUT YOU**

Complete all information.

#### **B. MARITAL STATUS**

**Check either single or married.** If you are married and a **former TWA Pilot**, your spouse must be the beneficiary of at least 50% of your account unless your spouse consents to a lower percentage.

**All Others:** If you are married, your spouse is automatically your 100% beneficiary.

#### **C. YOUR AUTHORIZATION AND DATE**

By signing and dating this section, you officially designate the person(s) listed on the form as your primary beneficiary(ies), and if applicable, your contingent beneficiary(ies) for these plans. Your beneficiary designation(s) will not be valid unless this form is on file with the recordkeeper for these plans at the time of your death.

#### **D and E. BENEFICIARY INFORMATION**

A beneficiary can be a spouse, non-spouse or nonperson such as a trust, named by you, the participant, to receive payment of benefits provided under the named plans in the event of your death.

- If these sections are not filled out completely, the form will be returned to you.
- The beneficiary designation should not include wording such as "either/or" or "and/or."
- Use only whole-number percentages equaling 100%. For example, designations such as 33 1/3 or 33.3 are not acceptable.

**Naming multiple beneficiaries:** If you want to name more than three primary or three contingent beneficiaries, you may make a photocopy of page 4 of this form. Complete the additional designations on the photocopy and return it with the rest of this form. When designating additional beneficiaries, please check the box on the top of page 4.

**Naming an estate as beneficiary:** Letters of appointment issued by the court naming the executor or administrator of the estate must be provided when a claim is filed. Please consult your attorney for advice on the effect of this designation. No additional legal documentation is required at this time.

**Naming an irrevocable trust as beneficiary:** Provide the name, date and tax identification number assigned to the trust (if available) and the name and address of one trustee (see example 3 on page 2). The trust must be established prior to the date this form is submitted. **Do not send a copy of the trust agreement at this time.**

#### **F. YOUR SPOUSE'S CONSENT**

If you are a **former TWA Pilot** and you name someone other than your spouse to receive more than a 50% of your benefit as your primary beneficiary at the time of your death, your spouse must sign his or her consent to that election in the presence of a Notary Public. A bank, law office or local government office will typically have a Notary Public on staff. If your spouse does not waive his or her right to benefits in excess of 50%, then your spouse will automatically be the primary beneficiary of at least 50% of your account.

**All Others:** If you are married and you wish to name a beneficiary other than your spouse to receive any portion of the benefit, your spouse must sign and date this form in the presence of a Notary Public. A bank, law office or local government office usually has a Notary Public on staff. If your spouse does not consent to such designation, then your spouse will automatically be the sole primary beneficiary of your account.

***Instructions continue on the back of this page.***

Fidelity Investments Institutional Operations Company, Inc.

**SAMPLE BENEFICIARY DESIGNATIONS**

**EXAMPLE 1: ONE BENEFICIARY**

<b>1</b>	Name of Beneficiary or 1 Trustee (First, MI, Last): <u>JOHN M. DOE</u>	Trust Name: _____		
	Address Line 1: <u>111 ELM STREET</u>	Beneficiary's Birth Date or Date of Trust (mm-dd-yyyy): <u>01-06-1954</u>	Relationship to you: <u>SPOUSE</u>	Percentage: <u>100%</u>
	Address Line 2: <u>CITY, ST 00000 USA</u>	Beneficiary's SSN/Tax ID: <u>111-22-3333</u>	Check here if no SSN (for foreign citizen): <input type="checkbox"/>	

**Primary Beneficiary Total:** 100%

**EXAMPLE 2: TWO BENEFICIARIES IN UNEQUAL SHARES**

<b>1</b>	Name of Beneficiary or 1 Trustee (First, MI, Last): <u>ANNE DOE</u>	Trust Name: _____		
	Address Line 1: <u>32 MAIN STREET</u>	Beneficiary's Birth Date or Date of Trust (mm-dd-yyyy): <u>04-22-1951</u>	Relationship to you: <u>SISTER</u>	Percentage: <u>75%</u>
	Address Line 2: <u>CITY, ST 00000 USA</u>	Beneficiary's SSN/Tax ID: <u>333-44-5555</u>	Check here if no SSN (for foreign citizen): <input type="checkbox"/>	

<b>2</b>	Name of Beneficiary or 1 Trustee (First, MI, Last): <u>MICHAEL J. DOE</u>	Trust Name: _____		
	Address Line 1: <u>46 GOULD STREET</u>	Beneficiary's Birth Date or Date of Trust (mm-dd-yyyy): <u>05-15-1958</u>	Relationship to you: <u>BROTHER</u>	Percentage: <u>25%</u>
	Address Line 2: <u>CITY, ST 00000 USA</u>	Beneficiary's SSN/Tax ID: <u>444-55-6666</u>	Check here if no SSN (for foreign citizen): <input type="checkbox"/>	

**Primary Beneficiary Total:** 100%

**EXAMPLE 3: TRUST**

<b>1</b>	Name of Beneficiary or 1 Trustee (First, MI, Last): <u>MICHELLE DOE</u>	Trust Name: <u>TRUST OF JANE DOE</u>		
	Address Line 1: <u>42 WAVE AVENUE</u>	Beneficiary's Birth Date or Date of Trust (mm-dd-yyyy): <u>07-01-2005</u>	Relationship to you: <u>TRUST</u>	Percentage: <u>100%</u>
	Address Line 2: <u>CITY, ST 00000 USA</u>	Beneficiary's SSN/Tax ID: <u>11-2234567</u>	Check here if no SSN (for foreign citizen): <input type="checkbox"/>	

**Primary Beneficiary Total:** 100%

**EXAMPLE 4: THREE BENEFICIARIES**

<b>1</b>	Name of Beneficiary or 1 Trustee (First, MI, Last): <u>ANNE DOE</u>	Trust Name: _____		
	Address Line 1: <u>32 MAIN STREET</u>	Beneficiary's Birth Date or Date of Trust (mm-dd-yyyy): <u>04-22-1951</u>	Relationship to you: <u>SISTER</u>	Percentage: <u>33%</u>
	Address Line 2: <u>CITY, ST 00000 USA</u>	Beneficiary's SSN/Tax ID: <u>333-44-5555</u>	Check here if no SSN (for foreign citizen): <input type="checkbox"/>	

<b>2</b>	Name of Beneficiary or 1 Trustee (First, MI, Last): <u>MICHAEL J. DOE</u>	Trust Name: _____		
	Address Line 1: <u>46 GOULD STREET</u>	Beneficiary's Birth Date or Date of Trust (mm-dd-yyyy): <u>05-15-1958</u>	Relationship to you: <u>BROTHER</u>	Percentage: <u>33%</u>
	Address Line 2: <u>CITY, ST 00000 USA</u>	Beneficiary's SSN/Tax ID: <u>444-55-6666</u>	Check here if no SSN (for foreign citizen): <input type="checkbox"/>	

<b>3</b>	Name of Beneficiary or 1 Trustee (First, MI, Last): <u>JANE M. DOE</u>	Trust Name: _____		
	Address Line 1: <u>111 ELM STREET</u>	Beneficiary's Birth Date or Date of Trust (mm-dd-yyyy): <u>01-06-1954</u>	Relationship to you: <u>SPOUSE</u>	Percentage: <u>34%</u>
	Address Line 2: <u>CITY, ST 00000 USA</u>	Beneficiary's SSN/Tax ID: <u>555-66-7777</u>	Check here if no SSN (for foreign citizen): <input type="checkbox"/>	

**Primary Beneficiary Total:** 100%

*Please do not return this page.*



# Beneficiary Designation Form

The Directed Account Plan # 21622

PLEASE PRINT IN CAPITAL LETTERS USING BLACK INK OR TYPE ALL INFORMATION. Do not use correction fluid.

## A. ABOUT YOU

Participant's Name (First, Middle Initial, Last)		Participant's Social Security Number (SSN)	
Street Number	Street Name	( ) -	Daytime Phone Number
City	State	Zip	Country

## B. MARITAL STATUS

Single  Married

## C. YOUR AUTHORIZATION AND DATE

I reserve the right to revoke or change any beneficiary designation at any time by completing a new Beneficiary Designation Form. I hereby revoke all my previous designations (if any) of primary and contingent beneficiaries.

I may designate more than one primary beneficiary who will share the benefit in accordance with the percentages designated in Section D. If one or more of the primary beneficiaries do not survive me, the benefit will be allocated proportionately among the remaining primary beneficiaries. I may also designate one or more contingent beneficiaries in Section E. A contingent beneficiary would receive payment only if all of the primary beneficiaries do not survive me. If one or more of the contingent beneficiaries does not survive me, the benefit will be allocated proportionately among the remaining contingent beneficiaries. If no primary or contingent beneficiaries survive me, then the benefit will be distributed according to the plan's rules.

**Note:** If you are a former TWA Pilot, and your spouse is not your primary beneficiary for at least 50%, this Beneficiary Designation Form is invalid without the notarized consent of your spouse. If you are not a former TWA Pilot and your spouse is not your sole primary beneficiary, this Beneficiary Designation Form is invalid without the notarized consent of your spouse.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_



Return the **original** in the enclosed envelope or, if you use your own envelope, mail to the following address:

The Directed Account Plan Service Center  
PO Box 770003  
Cincinnati, OH 45277-0065



Please check this box if you are attaching additional pages of beneficiary information.

**D. PRIMARY BENEFICIARY INFORMATION**

You must use whole percentages, and the sum of the share percentages must equal 100%. If you would like to name more than three primary or three contingent beneficiaries, photocopy this page.

<b>1</b>	Name of Beneficiary or 1 Trustee (First, MI, Last): _____	Trust Name: _____	Relationship to you: _____	Percentage: _____
	Address Line 1: _____	Beneficiary's Birth Date or Date of Trust (mm-dd-yyyy): _____		
	Address Line 2: _____	Beneficiary's SSN/Tax ID: _____		
		Check here if no SSN (for foreign citizen): <input type="checkbox"/>		
<b>2</b>	Name of Beneficiary or 1 Trustee (First, MI, Last): _____	Trust Name: _____	Relationship to you: _____	Percentage: _____
	Address Line 1: _____	Beneficiary's Birth Date or Date of Trust (mm-dd-yyyy): _____		
	Address Line 2: _____	Beneficiary's SSN/Tax ID: _____		
		Check here if no SSN (for foreign citizen): <input type="checkbox"/>		
<b>3</b>	Name of Beneficiary or 1 Trustee (First, MI, Last): _____	Trust Name: _____	Relationship to you: _____	Percentage: _____
	Address Line 1: _____	Beneficiary's Birth Date or Date of Trust (mm-dd-yyyy): _____		
	Address Line 2: _____	Beneficiary's SSN/Tax ID: _____		
		Check here if no SSN (for foreign citizen): <input type="checkbox"/>		

**Primary Beneficiary Total:** \_\_\_\_\_ **100%**

**E. CONTINGENT BENEFICIARY INFORMATION**

You must use whole percentages, and the sum of the share percentages must equal 100%. If you would like to name more than three primary or three contingent beneficiaries, photocopy this page.

<b>1</b>	Name of Beneficiary or 1 Trustee (First, MI, Last): _____	Trust Name: _____	Relationship to you: _____	Percentage: _____
	Address Line 1: _____	Beneficiary's Birth Date or Date of Trust (mm-dd-yyyy): _____		
	Address Line 2: _____	Beneficiary's SSN/Tax ID: _____		
		Check here if no SSN (for foreign citizen): <input type="checkbox"/>		
<b>2</b>	Name of Beneficiary or 1 Trustee (First, MI, Last): _____	Trust Name: _____	Relationship to you: _____	Percentage: _____
	Address Line 1: _____	Beneficiary's Birth Date or Date of Trust (mm-dd-yyyy): _____		
	Address Line 2: _____	Beneficiary's SSN/Tax ID: _____		
		Check here if no SSN (for foreign citizen): <input type="checkbox"/>		
<b>3</b>	Name of Beneficiary or 1 Trustee (First, MI, Last): _____	Trust Name: _____	Relationship to you: _____	Percentage: _____
	Address Line 1: _____	Beneficiary's Birth Date or Date of Trust (mm-dd-yyyy): _____		
	Address Line 2: _____	Beneficiary's SSN/Tax ID: _____		
		Check here if no SSN (for foreign citizen): <input type="checkbox"/>		

**Contingent Beneficiary Total:** \_\_\_\_\_ **100%**

**F. YOUR SPOUSE'S CONSENT**

I hereby consent (choose one): as the spouse of a former TWA Pilot  as the spouse of someone other than a former TWA Pilot

to the beneficiary designation on this form and acknowledge that (1) the effect of this designation is to cause some or all of my spouse's death benefit to be paid to someone other than me; (2) no beneficiary designation is valid unless I consent to it; and (3) my consent is irrevocable unless my spouse changes or revokes the beneficiary designation. My consent is being given voluntarily and no undue influence or coercion has been exercised in connection with my decision to consent.

Spouse's Signature \_\_\_\_\_

Date \_\_\_\_\_



Signed in the presence of: \_\_\_\_\_

Notary Seal

Notary Public Signature \_\_\_\_\_

Subscribed and sworn before me on: \_\_\_\_\_ mm - dd - yyyy

My commission expires on: \_\_\_\_\_ mm - dd - yyyy

