



HQMC, Semper Fit and Exchange Services Division
3044 Catlin Avenue
Quantico, VA 22134-5099

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Plan Name: the Marine Corps NAF 401(k) Plan

Plan #: 29131

Beneficiary Designation Instructions

A beneficiary is a person, institution, charitable organization, or Trust named by you, the participant, to receive payment of benefits provided under the the Marine Corps NAF 401(k) Plan in the event of your death. You may designate more than one primary beneficiary who will share the benefit. You may also designate one or more contingent beneficiaries. A contingent beneficiary would receive payment only if the primary beneficiary or all the primary beneficiaries you named died before you or disclaimed the right to receive payment at the time that payment was to be made.

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 Wite-Out® or other correction fluid to make a correction. The form is not acceptable if correction fluid is used, and the form will be returned to you. If you have any questions about making a beneficiary designation, call Fidelity Investments toll-free at 1-800-890-4015 and speak with a Participant Services Representative. You can obtain additional Designation of Beneficiary Forms by logging on to Fidelity NetBenefits® at www.401k.com or by calling Fidelity Investments at 1-800-890-4015.

Please make a copy of it for your files, and return the original in the enclosed envelope or mail to:

Fidelity Investments
P.O. Box 5000
Cincinnati, OH 45273-8012

A. Participant Information

Complete all applicable information. *You must check either single or married.* If you are married at the time of your death, the provision of your retirement plan generally requires that all benefits from the retirement plans be paid to your spouse, unless your spouse consents in writing to another beneficiary designation and a Plan Representative or Notary Public witnesses this consent.

B. and C.

Primary and Contingent Beneficiary(ies) Information

Complete all applicable information for those whom you are naming as beneficiary(ies).

Please note: Some retirement plans restrict whom you can elect as a beneficiary for specific benefits and when you can change your election. If you designate one beneficiary for all plans in which you are enrolled, you will be subject to these restrictions across all plans. If section B is not filled out completely, the form will be returned to you.

1. The beneficiary designation should not include wording such as "either/or" or "and/or." You cannot designate unborn children as beneficiaries. You can designate charitable organizations.
2. **Use only whole-number percentages equaling 100%.** For example, designations such as 33 1/3 or 33.3 are not acceptable.
3. Naming an estate: Letters of appointment issued by the court following your death, 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.
4. Naming a Trust: Provide the Trust's name and address, name of one Trustee, the date of the Trust and the Trust's tax ID number. Do not send a copy of the trust agreement.

If you would like to name more than two primary and two contingent beneficiaries, you may attach a separate sheet of paper to the Designation of Beneficiary Form with the applicable information.

D. Signature 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 this Plan. Your beneficiary designation(s) will not be valid unless this form is on file with the record keeper for this Plan.

E. Spousal Consent

For the Marine Corps NAF 401(k) Plan, if you name someone other than, or in addition to, **your spouse as your primary beneficiary(ies), your spouse must sign and date the form and have his/her signature witnessed by a Plan Representative or Notary Public.** A bank, law office or local government office usually has a Notary Public on staff.

Please do not return this page.

Fidelity Investments Institutional Operations Company, Inc.

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Designation of Beneficiary Form

A. Participant Information

Note: The instructions for this form are an integral part of the form. You should use them to assist you. Also, if it is necessary to make corrections to any part of this form, *please do not use whiteout*; you must place your initials next to the corrected or crossed-out words.

Participant Name (First, MI, Last): _____ Social Security #: --

Participant Address: _____

City: _____ State: _____ ZIP: _____

Phone (day): -- Marital Status: (select one) Single Married

B. Primary Beneficiary(ies)

I understand that if I am married, my spouse shall automatically be my designated beneficiary unless I elect otherwise and my spouse consents to such election as well as to the designation of the other beneficiary(ies). I hereby designate the following person or persons as primary beneficiary(ies) of my account under the Plan(s) payable by reason of my death. If any primary beneficiary does not survive me, the share of that beneficiary shall be divided between the remaining beneficiaries in proportion with their stated percentage of interest. If no primary beneficiary survives me, then my account shall go to my contingent beneficiary(ies). (If additional space is needed for beneficiary information, attach a separate sheet of paper to the Designation of Beneficiary Form with the information noted below.)

1. Beneficiary's Name: (First, MI, Last) _____ Share %:
Date of Birth: ____/____/____ Sex (M/F) ____ Social Security Number/Tax ID: --
Relationship to Participant: Spouse Trust Other: _____
Address: _____
City: _____ State: _____ ZIP: _____

2. Beneficiary's Name: (First, MI, Last) _____ Share %:
Date of Birth: ____/____/____ Sex (M/F) ____ Social Security Number/Tax ID: --
Relationship to Participant: Spouse Trust Other: _____ Total 100%
Address: _____
City: _____ State: _____ ZIP: _____

C. Contingent Beneficiary(ies)

In the event that no primary beneficiary survives me, I hereby designate the following person or persons as contingent beneficiary(ies) of my account. If any contingent beneficiary does not survive me, then the share of that beneficiary shall be divided between the remaining contingent beneficiaries in proportion with their stated percentage of interest.

1. Contingent Beneficiary's Name: (First, MI, Last) _____ Share %:
Date of Birth: ____/____/____ Sex (M/F) ____ Social Security Number/Tax ID: --
Relationship to Participant: Spouse Trust Other: _____
Address: _____
City: _____ State: _____ ZIP: _____

2. Contingent Beneficiary's Name: (First, MI, Last) _____ Share %:
Date of Birth: ____/____/____ Sex (M/F) ____ Social Security Number/Tax ID: --
Relationship to Participant: Spouse Trust Other: _____ Total 100%
Address: _____
City: _____ State: _____ ZIP: _____



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D. Signature and Date

I reserve the right to revoke or change my beneficiary designation in the future. I hereby revoke all my previous designations (if any) of primary and contingent beneficiaries. **Note: If you are married, see the next section for applicable spousal consent requirements.**

I understand that if this beneficiary designation is executed prior to the first day of the plan year in which I attain age 35 that my spouse will become the beneficiary on the earlier of (1) the first day of the plan year in which I attain age 35, or (2) the date that I separate from service with the employer sponsoring the retirement plan. I understand that if I do not wish for my spouse to be my beneficiary at that time I need to complete a new Beneficiary Designation Form.

X

SIGNATURE OF EMPLOYEE

DATE

Note: If your spouse is not your designated primary beneficiary, this Designation of Beneficiary Form is invalid without the consent of your spouse. If you are currently single [and marry] or re-marry you will need to complete a new Beneficiary Designation Form if you do not wish for your new spouse to be your primary beneficiary.

E. Spousal Consent

(Signature must be witnessed by a Plan Representative or Notary Public)

If you, the Participant, are married and your spouse is not designated as your primary beneficiary, your beneficiary designation is invalid without the consent of your spouse. Your spouse's consent must be witnessed by a Plan Representative or Notary Public.

I am the spouse of the Participant named above. By signing below, I hereby acknowledge that I understand: (1) that the effect of my consent may result in the forfeiture of benefits I would otherwise be entitled to receive upon my spouse's death; (2) that my waiver is not valid unless I consent to it; (3) that my consent is voluntary, (4) that my consent is irrevocable unless my spouse completes a new Beneficiary Designation; and (5) that my consent (signature) must be witnessed by a notary public [or a plan representative].

I understand that if this beneficiary designation is executed prior to the first day of the plan year in which the participant attains age 35, then my rights to receive the death benefit as determined by the retirement plan provisions will be restored to me on the earlier of (1) the first day of the plan year in which the participant attains age 35, or (2) the date the participant separates from service with the employer sponsoring the retirement plan.

X

SIGNATURE OF SPOUSE

DATE

(Must be witnessed by a Plan Representative or Notary Public)

Signature of spouse witnessed this on this date, _____ in the presence of:

Plan Representative Signature: _____

Plan Representative Print Name (Last, First, MI): _____

OR

STATE OF _____ (ss.) COUNTY OF _____

On this date, _____ before me appeared _____ Print Name: (Last, First, MI) who acknowledged herself or himself to be the person who executed the consent set forth above and acknowledged the consent to be his or her free act and deed.

Notary Public Signature: _____

Please mail Designation of Beneficiary Form in the enclosed envelope to:

Fidelity Investments
P.O. Box 5000
Cincinnati, OH 45273-8012

Fidelity Investments Institutional Operations Company, Inc.

409573.5

Use this envelope only for the beneficiary designation form.
Please remove envelope from book here. ▼

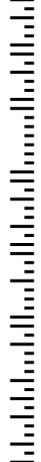
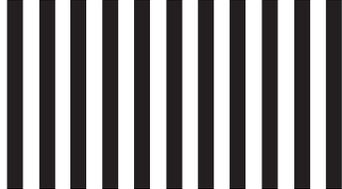


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FIDELITY INVESTMENTS
P.O. BOX 5000
CINCINNATI, OH 45273-8212



Peel off this strip to open envelope pocket