

D. Contingent Beneficiary Information

The sum of the percentages must equal 100%. **If you would like to name more than three contingent beneficiaries, please add a separate page to this form, which includes the applicable beneficiary information *with your* signature and date. DO NOT USE A PHOTOCOPY OF THIS FORM.**

1. First Name or Name of Trust / Estate / Organization

 Last Name / Trustee Full Name

 Street No. Street Name
 City State/Province
 Zip/ Postal Code Country
 Beneficiary's Date of Birth or Trust Date Beneficiary's SSN (optional) / Tax ID Check Here if no SSN (for foreign citizen)
 Beneficiary Type: (Check Only One Box) Percentage: . %
 Entity: (If Entity, circle type) Trust Estate Organization
 Individual: (If Individual, circle type) Spouse Daughter Mother Sister Niece Aunt Grandparent Other
 Domestic Partner Son Father Brother Nephew Uncle Cousin

2. First Name or Name of Trust / Estate / Organization

 Last Name / Trustee Full Name

 Street No. Street Name
 City State/Province
 Zip/ Postal Code Country
 Beneficiary's Date of Birth or Trust Date Beneficiary's SSN (optional) / Tax ID Check Here if no SSN (for foreign citizen)
 Beneficiary Type: (Check Only One Box) Percentage: . %
 Entity: (If Entity, circle type) Trust Estate Organization
 Individual: (If Individual, circle type) Spouse Daughter Mother Sister Niece Aunt Grandparent Other
 Domestic Partner Son Father Brother Nephew Uncle Cousin

3. First Name or Name of Trust / Estate / Organization

 Last Name / Trustee Full Name

 Street No. Street Name
 City State/Province
 Zip/ Postal Code Country
 Beneficiary's Date of Birth or Trust Date Beneficiary's SSN (optional) / Tax ID Check Here if no SSN (for foreign citizen)
 Beneficiary Type: (Check Only One Box) Percentage: . %
 Entity: (If Entity, circle type) Trust Estate Organization
 Individual: (If Individual, circle type) Spouse Daughter Mother Sister Niece Aunt Grandparent Other
 Domestic Partner Son Father Brother Nephew Uncle Cousin

Contingent Beneficiary Total Percentage = 100%

E. Your Spouse's Consent

Marine Corps NAF 401(k) Plan

I hereby consent to the beneficiary designation(s) on this form and acknowledge that (1) I am the spouse of the plan participant listed in Section A, and I am entitled to receive my spouse's vested benefit from the plan if my spouse is vested and dies; (2) the effect of such designation is to cause my spouse's vested benefit, or a portion of it, to be paid to a primary beneficiary other than me; (3) my spouse cannot change the primary beneficiary(ies) named in Section C to anyone other than myself, unless I consent to the new designation; (4) each beneficiary designation selected in Section C is not valid unless I consent to it and (5) 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:

Today's Date: - -
M M D D Y Y Y Y

To be completed by a Notary Public:

On this ____ day of _____, 20 ____, before me the undersigned notary public, personally appeared (spouse's name) _____, proved to me through satisfactory evidence of identification, which were _____, to be the person whose name is signed on the preceding or attached document and acknowledged to me that (he) (she) signed for its stated purpose.

Notary stamp must be in the box above

X

My commission expires: _____