University of Alaska
Fidelity Investments
Beneficiary Designation

1. GENERAL INSTRUCTIONS

Please complete this form and sign it on the back. In the future, you may revoke the beneficiary designation and designate a different beneficiary by submitting a new Beneficiary Designation Form to Fidelity.

Mailing instructions: Return this form in the enclosed postage-paid envelope or to

Fidelity Investments, P.O. Box 770002, Cincinnati, OH 45277-0090

Questions? Call Fidelity Investments at 1-800-343-0860 Monday through Friday from 4:00 A.M. to 8:00 P.M. AT. or visit us at fidelity.com/atwork.

2. DESIGNATING YOUR BENEFICIARY(IES)

You are not limited to three primary and three contingent beneficiaries. To assign additional beneficiaries, or to designate a more complex beneficiary designation, please attach, sign, and date a separate piece of paper.

When designating primary and contingent beneficiaries, please use whole percentages and be sure that the percentages for each group of beneficiaries total 100%. Your primary beneficiary cannot be your contingent beneficiary. If you designate a trust as a beneficiary, please include the date the trust was created, and the trustee's name.

Unless otherwise specified by your plan, if more than one person is named and no percentages are indicated, payment will be made in equal shares to your primary beneficiary(ies) who survives you. If a percentage is indicated and a primary beneficiary(ies) does not survive you, the percentage of that beneficiary's designated share shall be divided among the surviving primary beneficiary(ies) in proportion to the percentage selected for them.

3. SPOUSAL CONSENT

Spousal Consent: If you are married, your plan requires you to designate that your spouse receive 100% of your vested account balance unless your spouse consents in this section. If you are married and you do not designate your spouse as your primary beneficiary for a portion of your account balances as described above, your spouse must sign the Spousal Consent portion of this form in the presence of a notary public. Please note: Spousal Consent is not required on the Voluntary Tax-Deferred Annuity Plan.

4. AUTHORIZATION

Please provide your signature.
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1. YOUR INFORMATION

Please use a black pen and print clearly in CAPITAL LETTERS.

Social Security #: ____________-__________-__________ Date of Birth: ____________-__________-__________
First Name: ____________________________
Last Name: ______________________________
Street Address: ____________________________
City: ____________ State: ____________ Zip: ____________
Daytime Phone: ____________ Evening Phone: ____________

Please check the box for the University of Alaska plan(s) that are applicable:

- Pension Plan 401(a) ____________
- ORP Employer contributions 401(a) ____________
- ORP Employee contributions 403(b) ____________
- Voluntary Tax-Deferred Annuity Plan ____________

I am: Single OR Married

2. DESIGNATING YOUR BENEFICIARY(IES)

Please check here if you have more than three primary or contingent beneficiaries.

Primary Beneficiary(ies)

I hereby designate the person(s) named below as primary beneficiary(ies) to receive payment of the value of my account(s) under the plan upon my death.

1. Individual or Trust Name: ____________________________ Percentage: ______% 
   Date of Birth or Trust Date: ____________
   Relationship to Applicant: ____________________________
   □ Spouse OR □ Trust OR □ Other

2. Individual or Trust Name: ____________________________ Percentage: ______% 
   Date of Birth or Trust Date: ____________
   Relationship to Applicant: ____________________________
   □ Spouse OR □ Trust OR □ Other

3. Individual or Trust Name: ____________________________ Percentage: ______% 
   Date of Birth or Trust Date: ____________
   Relationship to Applicant: ____________________________
   □ Spouse OR □ Trust OR □ Other

Total: = 100%
2. DESIGNATING YOUR BENEFICIARY(IES) (CONTINUED)

Contingent Beneficiary(ies)

If there is no primary beneficiary(ies) living at the time of my death, I hereby specify that the value of my account is to be distributed to my contingent beneficiary(ies) listed below. Please note: Your primary beneficiary cannot be your contingent beneficiary.

1. Individual or Trust Name: ___________________________ Percentage: _________ %
   Date of Birth or Trust Date: ___________________________
   Relationship to Applicant: □ Spouse OR □ Trust OR □ Other

2. Individual or Trust Name: ___________________________ Percentage: _________ %
   Date of Birth or Trust Date: ___________________________
   Relationship to Applicant: □ Spouse OR □ Trust OR □ Other

3. Individual or Trust Name: ___________________________ Percentage: _________ %
   Date of Birth or Trust Date: ___________________________
   Relationship to Applicant: □ Spouse OR □ Trust OR □ Other

   Total: = 100%

Payment to contingent beneficiary(ies) will be made according to the rules of succession described in the instructions.

3. SPOUSAL CONSENT

I hereby consent to the designation of the beneficiary(ies) listed above. I understand 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) such beneficiary designation is not valid unless I consent to it; and (3) my consent is irrevocable unless my spouse revokes the beneficiary designation.

Signature of Participant's Spouse: ___________________________
Date: ___________________________

To be completed by a notary public:

Sworn before me this day ___________________________
In the State of ___________________________, County of ___________________________

Notary Public Signature: ___________________________
My Commission Expires: ___________________________

Notary stamp must be in the above box

For Fidelity Use Only

Please provide signature on next page.
4. SIGNATURE AND AUTHORIZATION

**Individual Authorization:** By executing this form

- I certify under penalties of perjury that my Social Security number in Section 1 on this form is correct.
- I understand that I may designate a beneficiary for my assets accumulated under the Plan and that if I choose not to designate a beneficiary, distributions will be made based on the provisions of the Plan(s).
- I am aware that the beneficiary information included in this form becomes effective when delivered to Fidelity and will remain in effect until I deliver another completed and signed Beneficiary Designation Form to Fidelity with a later date.
- I am aware that the beneficiary information provided herein shall apply to all my Fidelity Accounts under the plan listed in Section 1 for which FMTC (or its affiliates and/or any successor appointed pursuant to the terms of such Accounts or trust agreement in effect between FMTC and my Employer, as applicable) acts as trustee or custodian, and shall replace all previous designation(s) I have made on any of my Accounts.

Your Signature:  

Date:   

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Fidelity Investments Institutional Operations Company, Inc.