

Designation of Beneficiary

1-800-748-6128 stateofmi.voya.com

Participant Information	Social Secur	Social Security Number or Employee ID (circle one		
Name Last	First	Initial		
Marital Status: [] Single [] Married				
Plan Selection				
f you do not specify otherwise, this designation Benefit Plan. Please contact the Office of Retire Plan. Complete two forms if you want different	ment Services if you wish to change your be	eneficiary for the Defined Benefit		
wish for my designation on the for	m to apply to my: [] 401(k) Plan	[] 457 Plan		
Primary Beneficiary understand that if I am married, my spouse sha elect otherwise and my spouse consents to such ECTION OF THIS FORM FOR APPLICABLE SPO under the 457 Plan, I may name anyone I wish a of my account(s) under the Plan(s) if I should die	election. (NOTE: IF YOU ARE MARRIED, PL DUSAL CONSENT REQUIREMENTS UNDER s my beneficiary. I hereby designate the folk	EASE SEE THE SPOUSAL CONSENT R THE 401(k) PLAN.) I understand tha		
Name	<u>Name</u>	Name		
Social Security Number	Social Security Number	Social Security Number		
Address	Address	Address		
City/State/Zip	City/State/Zip	City/State/Zip		
Date of Birth	Date of Birth			
Relationship to Participant	Relationship to Particip	Relationship to Participant		
Percentage* *Use whole numbers	Percentage*			
Contingent Beneficiary In the event there is no living primary beneficiary of my account(s). Name	at my death, I hereby designate the followi	ng person(s) as contingent beneficiary		
Social Security Number	Social Security Number	Social Security Number		
Address	Address			
City/State/Zip	City/State/Zip			
Date of Birth	Date of Birth			
Relationship to Participant	Relationship to Particip	ant		
Percentage*	Percentage*			
*11 1 1				

Please see the following page for a description of how beneficiaries are handled under the Plans and for required signatures.

03/10/2017



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When more than one Beneficiary is designated and a percentage is not specified, payment will be made in equal shares to each Beneficiary. If the designated Beneficiary is the Participant's grandparent, the descendant of a grandparent, or a stepchild of the Participant, and the Beneficiary predeceases the Participant or dies before complete distribution, that Beneficiary's share shall be paid to his/her descendents, unless other arrangements are specifically designated on this form. If the designated Beneficiary is not the Participant's grandparent, the descendant of a grandparent, or a stepchild of the Participant, and the Beneficiary predeceases the Participant or dies before complete distribution, the Beneficiary's share shall be paid in equal shares to each surviving beneficiary. If no beneficiary survives the Participant, the benefit shall be payable to the Participant's spouse, or if no spouse, to the Participant's Legal Representative or if no Legal Representative, to the Participant's estate if then under active administration of a probate or similar court, or if not, to those persons who would then take the Participant's personal property under the Michigan intestate laws.

In the event of any conflict between this form as completed and the terms of the Plan(s) or if any terms are inserted above that are unacceptable to the Plans' Administrator, then the terms of the Plan(s) as summarized above and as interpreted by the Administrator shall control.

Signature I reserve the right to revoke or change a and contingent beneficiaries. (NOTE: IF FOR APPLICABLE SPOUSAL CONSENT	YOU ARE MARRIED,	PLEASE SEE THE SPOU	ISAL CONSENT SECTION	
Participant			Date	
Consent of Spouse — For 4 I acknowledge that I am the spouse of this Designation of Beneficiary Form an 401(k) Plan if I survive him/her. I hereb this form. My consent shall be irrevocable	the Participant named and understand that I popy acknowledge and co	ossess a beneficial intere consent to the Designatio	est in my spouse's account on of Beneficiary on the re	under the everse side of
I have executed this consent this	day of	20)	
Signature of Particpant's Spouse				

A CONFIRMATION STATEMENT WILL BE MAILED TO YOU ACKNOWLEDGING THIS ELECTION.

PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS

03/10/2017