

Beneficiary Designation Form

MFPRSI will pay all sums payable under the retirement plan by reason of my death prior to retirement in accordance with the provisions of Chapter 411. The statute provides for the following payment priority in the event the member fails to designate a beneficiary or the designated beneficiary predeceases the member:

- | | |
|---|--|
| 1. The member's designated beneficiary. | 4. The member's surviving parents, in equal shares. |
| 2. The member's surviving spouse. | 5. The member's estate. |
| 3. The member's surviving children (including adult children), in equal shares. | 6. The member's heirs if the estate is not probated. |

Member Information

First Name	Last Name	Last 5 Digits of SSN	Date of Birth
Street Address	City	State	Zip

If you are NOT married, check here

If you have named a primary beneficiary other than your spouse, your Beneficiary Designation is invalid without the consent of your spouse.

Pursuant to the provisions of Chapter 411 of the Iowa Code permitting the designation of a beneficiary or beneficiaries by a member, I hereby designate the following person or persons as primary and contingent beneficiaries of my accrued benefit under the retirement plan payable by reason of my death:

- A trust will not be considered a valid beneficiary designation unless the trust documents meet MFPRSI's legal requirement.

Beneficiary Designation						
Primary	Beneficiary Name	Relationship	Date of Birth (mm/dd/yyyy)	Address	Phone	Email

Beneficiary Designation						
Contingent	Beneficiary Name	Relationship	Date of Birth (mm/dd/yyyy)	Address	Phone	Email

I reserve the right to revoke or change any beneficiary designation. I hereby revoke all prior designations (if any) of primary and contingent beneficiaries. I understand that my designation filed with MFPRSI shall be deemed revoked if I:

- | | |
|--------------------------------------|--|
| • Retire | • Marry |
| • File a new designation with MFPRSI | • Divorce the individual who was the named beneficiary |

Signature of Member

Date of this Designation

Beneficiary Designation Form

Consent of Spouse

I, the undersigned spouse of the member named in the foregoing "Beneficiary Designation," hereby certify I have read the *Beneficiary Designation Form* and that I understand that the property subject to the designation is my spouse's accrued benefit under the retirement plan, in which I possess a beneficial interest, provided I survive my spouse. I hereby consent to and accept the beneficiary designation, without regard to whether I survive or predecease my spouse. This consent is irrevocable unless my spouse changes the designation. If my spouse changes the designation, I understand I must file a similar consent for any future designation, or my consent is no longer effective.

I, the spouse of the member, have executed this
consent on this _____ day of _____ 20 _____

Printed Name of Spouse

Signature of Spouse

The signature of the spouse MUST be witnessed by either a representative of MFPRSI or a notary public.

Signature of the spouse of the
member witnessed this _____ day of _____ 20 _____ In the presence of:

MFPRSI Representative

or

State of _____

County of _____

BEFORE ME, the undersigned, a Notary Republic, personally appeared _____
who executed the above consent of spouse as a free and voluntary act.

IN WITNESS WHEREOF, I have signed and affixed my
official notary seal this _____ day of _____ 20 _____

Notary Public

Date my commission expires