

**THE SCRIPPS RESEARCH INSTITUTE  
CASH BALANCE RETIREMENT PLAN  
BENEFICIARY DESIGNATION FORM**

**SECTION 1: PARTICIPANT INFORMATION**

Participant's Name (Last, First, Middle) \_\_\_\_\_

Employee ID Number \_\_\_\_\_

Marital Status:     Single             Married

**SECTION 2: BENEFICIARY DESIGNATION**

I designate the beneficiary(ies) described below to receive my benefits in The Scripps Research Institute Cash Balance Plan ("Plan") if I die before I receive (or begin to receive) benefits from the Plan. If I have designated more than one Primary Beneficiary, my Plan benefits will be distributed in equal shares to all of the Primary Beneficiaries, unless I have specified otherwise on this form. If, upon my death, there is no living Primary Beneficiary, then my benefits will be distributed to the following Contingent Beneficiary. If I have designated more than one Contingent Beneficiary, my benefits will be distributed in equal shares to all of the Contingent Beneficiaries, unless I have specified otherwise on this form.

I understand that a special rule applies if I am married at the time of my death. In that case, 50% of my Plan benefits (the Qualified Preretirement Survivor Annuity, also called the Spouse's Death Benefit) must be paid to my spouse, regardless of whom I have designated as a Primary Beneficiary, unless I waive the Spouse's Death Benefit and my spouse consents to the designation of another Primary Beneficiary. I understand that I can designate anyone I choose to receive the other 50% of my benefits and am not required to obtain my spouse's consent to that designation. I understand that execution of this form revokes all prior designation of beneficiary forms I have made.

Note to participant: If you wish that (1) your spouse receive 100% of your benefits and (2) your spouse be able to receive all of the benefits in a single lump sum, if he or she wishes to do so, you should simply indicate your spouse as the sole Primary Beneficiary below.

Waiver of Spouse's Death Benefit

Note to participant: If you wish to designate a person or entity other than your spouse as the Primary Beneficiary of more than 50% of your Plan account balance, you must check the box below and sign your name in the space indicated.

I have read the Notice Regarding Spouse's Death Benefit (Qualified Preretirement Survivor Annuity). I elect to waive the Spouse's Death Benefit so that more than 50% of my Plan benefits will be paid to a person or entity (as my Primary Beneficiary(ies)) other than my spouse in the event of my death before I begin to receive benefits from the Plan.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

**PRIMARY BENEFICIARY**

1. Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Relationship \_\_\_\_\_

Percentage of Account \_\_\_\_\_ % (whole percentage only)

2. Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Relationship \_\_\_\_\_

Percentage of Account \_\_\_\_\_ % (whole percentage only)

**CONTINGENT BENEFICIARY**

3. Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Relationship \_\_\_\_\_

Percentage of Account \_\_\_\_\_ % (whole percentage only)

4. Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Relationship \_\_\_\_\_

Percentage of Account \_\_\_\_\_ % (whole percentage only)

**SECTION 3: SPOUSE'S AGREEMENT TO CONSENT TO THE PAYMENT OF ALL OR PART OF THE SPOUSE'S DEATH BENEFIT (50% OF YOUR SPOUSE'S BENEFITS) TO ANOTHER PRIMARY BENEFICIARY**

I am the spouse of the Participant. I understand that I have a right to the Spouse's Death Benefit (50% of my spouse's benefits) from The Scripps Research Institute Cash Balance Plan ("Plan") if my spouse dies before he or she receives (or begins receiving) benefits. I further understand that I can elect to receive the Spouse's Death Benefit in a single lump, after my spouse's death.

I have read the attached document entitled Information For The Employee's Spouse Regarding The Spouse's Death Benefit (Qualified Preretirement Survivor Annuity) Under The Scripps Research Institute Cash Balance Plan. I understand that my spouse has designated a person or entity other than myself as the Primary Beneficiary(ies) of more than 50% of his or her Plan benefits. I also understand that my spouse's designation is invalid (and will not be followed under the Plan) to the extent that more than 50% of his or her Plan benefits is to be paid to a Primary Beneficiary(ies) other than me, unless I consent to that designation. I agree to give up my right to all or part of the Spouse's Death Benefit and instead to have that benefit paid to the Primary Beneficiary(ies) designated by my spouse.

I understand that my spouse cannot select a different Primary Beneficiary(ies) of the 50% to which I am entitled unless I agree to the change.

I understand that the other 50% of my spouse's Plan benefits will be paid to whomever my spouse designates, without my consent to that designation. I understand that my spouse may, if he or she wishes, designate me as the beneficiary of that other 50% of my spouse's Plan benefits.

I understand that by signing this agreement, I may receive less money than I would have received under the Spouse's Death Benefit and I will receive nothing from the Plan after my spouse dies if I am not the Primary Beneficiary of any portion of my spouse's Plan benefits.

I understand that if I do not sign this agreement, then I will receive the Spouse's Death Benefit (50% of my spouse's benefits) if my spouse dies before beginning to receive benefits.

I understand that I cannot revoke this consent unless my spouse revokes his or her designation of Primary Beneficiary of the 50% of my spouse's Plan benefits to which I am entitled. I understand that I do not have to sign this agreement. I am signing this agreement voluntarily.

Name of Participant's Spouse \_\_\_\_\_  
(Please Print)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Participant's Spouse)

Spousal consent must be witnessed by a Notary Public or a Plan representative. A Notary Public may attach his or her certificate.

Plan Representative \_\_\_\_\_ Date \_\_\_\_\_

Notary Public

Notary Public Signature \_\_\_\_\_  
[State of \_\_\_\_\_, County of \_\_\_\_\_]  
ss. Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_.

**SECTION 4: PARTICIPANT AUTHORIZATION**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETAIN A COPY OF THIS FORM FOR YOUR RECORDS  
RETURN COMPLETED COPY TO HUMAN RESOURCES**