



Beneficiary Designation 401(k) Plan

Metropolitan Transportation Authority 401(k) Plan

98979-02

Participant Information

Form with fields for Last Name, First Name, MI, Social Security Number, E-Mail Address, Married, Unmarried, and Account Extension (if applicable).

Plan Beneficiary Designation

This designation is effective upon execution and delivery to Service Provider at the address below. If I name more than one beneficiary in either category, the surviving beneficiaries in that category will share equally unless otherwise indicated.

This designation supercedes all prior designations. Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally. Primary and contingent beneficiaries must separately total 100.00%.

Primary Beneficiary

Table with 6 columns: #, % of Account Balance, Social Security Number, Primary Beneficiary Name, Relationship, Date of Birth. Rows #1, #2, #3.

Contingent Beneficiary

Table with 6 columns: #, % of Account Balance, Social Security Number, Contingent Beneficiary Name, Relationship, Date of Birth. Rows #1, #2, #3.

Required Signature

I have completed, understand and agree to all pages of this Beneficiary Designation form. I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC").

Participant Signature

Date

Participant forward to Service Provider at:

FASCore, LLC
345 Madison Avenue, 7th Floor
New York, NY 10017
Phone #: 1-866-682-7567
Fax #: 1-212-878-0183
Web site: www.mtadefcomp.com

