Simplified Profit Sharing and Money Purchase Plan Beneficiary Form

This form must be returned to your Employer. DWS will not retain beneficiary designation information for your account. This designation is not effective until filed with and accepted by the Employer prior to your death.

☐ Original designation ☐ Change in designation

By completing this form, you can designate the beneficiary(ies) who will receive your account balance upon your death. If you are married and would like your Spouse to be your sole beneficiary, you do not need to complete this form. Only complete this form if you would like to designate someone other than your Spouse to receive all or a portion of your account balance upon your death.

For Money Purchase Pension Plans and certain Profit Sharing Plans: If you die before beginning distributions from the plan, your Spouse is automatically entitled to 50% of the account balance by means of a pre-retirement survivor annuity, unless you make the waiver election in Step 3 and your Spouse consents by signing in Step 5. In addition, once you begin distributions from your account, they will be in the form of a joint and survivor annuity if you are married (unless you waive that right and your Spouse consents), or a life annuity if you are not married (unless you elect a different payment form). If you are married, under age 35, and you designate a beneficiary other than your Spouse, the designation will become invalid upon the beginning of the year in which you attain age 35. At that time, you will need to complete a new Simplified Profit Sharing and Money Purchase Plan Beneficiary Form. The beneficiary designation below applies only to the portion of your account balance that is not distributable to your Spouse in the form of a pre-retirement survivor annuity in accordance with the terms of this paragraph. If your spouse receives the pre-retirement survivor annuity, the remaining value of your account balance may be paid to your designated beneficiary(ies) without your Spouse's consent.

For Profit Sharing Plans not subject to the annuity requirement, your spouse must consent if less than 100% of your account balance is designated for him or her.

Spouse: Your "Spouse" is your legal spouse as recognized by Federal tax law.

Step 1 Participant information

Name of Participant

Social Security Number of Participant

Date of Birth – MM/DD/YYYY

Name of Employer

Step 2 Beneficiary designations

Please provide the name, date of birth, relationship, and Social Security number/tax identification number of each person/entity you wish to designate as a beneficiary. Also, indicate the percentage of your account balance you would like each person/entity to receive. If there are additional persons/entities you would like to name as primary or secondary beneficiaries, please attach a separate sheet of paper to this one with the same information requested here. Percentages must total 100%.

The following person(s)/entity(ies) is (are) to receive the balance of my retirement account balance upon my death. This

continued on next page

Step 2 Beneficiary designations (continued)

designation replaces any previous one I may have filed with the Employer. Unless I specify otherwise, if:

- I name more than one primary beneficiary and do not indicate percentages, payment will be made equally to the primary beneficiaries who survive me.
- I indicate a percentage and a primary beneficiary does not survive me, that beneficiary's share will be divided equally among the surviving primary beneficiary(ies).
- percentages do not total 100%, any remaining portion will be divided equally among the surviving primary beneficiary(ies).

Primary Beneficiaries

Percentages must equal 100%

Name

Percentage %

☐ Social Security Number OR ☐ Tax ID

Date of Birth or Trust Date – MM/DD/YYYY

Relationship

Name

Percentage %

☐ Social Security Number OR ☐ Tax ID

Date of Birth or Trust Date – MM/DD/YYYY

Relationship

Secondary Beneficiaries[1]

Percentages must equal 100%

Name

Percentage %

☐ Social Security Number OR ☐ Tax ID

Date of Birth or Trust Date – MM/DD/YYYY

Relationship

Name

Percentage %

☐ Social Security Number OR ☐ Tax ID

Date of Birth or Trust Date – MM/DD/YYYY

Relationship

Step 3 Waiver of the pre-retirement survivor annuity (if required)

☐ I waive the automatic payment of the portion of my account balance which would otherwise be distributed to my Spouse as a pre-retirement survivor annuity. I acknowledge that I have read and understand the information provided to me concerning such annuity. I reserve the right to revoke this and any other election to waive the pre-retirement survivor annuity.

Step 4 Participant signature

Signature of Participant

Date – MM/DD/YYYY

[1] If no primary beneficiary(ies) is (are) living at the time of my death, distributions to secondary beneficiary(ies) will be made according to the rules of succession for primary beneficiaries as described at the bottom of Page 1. If no designated beneficiary survives me, the account will pass to my surviving spouse or, if there is no surviving spouse, my estate (unless otherwise required under the laws of my state of residence). Beneficiary designations may be changed prior to your death by the filing of a new written designation with your Employer.

Step 5 | Spousal consent (if married)

This section only needs to be completed if: (i) the Participant's account balance is subject to the pre-retirement survivor annuity and the Participant's Spouse is waiving the pre-retirement survivor annuity benefit; or (ii) the Participant's account balance is not subject to the pre-retirement survivor annuity and the Participant's Spouse is consenting to the Participant's designation of another beneficiary.

By signing the beneficiary form, I am certifying that:

- I am the Participant's Spouse.
- I understand that my consent is voluntary and that I have the right to limit the beneficiary(ies) to those designated above.
- I understand that if I live in a community property or marital property state, I am voluntarily giving up any property rights I may have to the Participant's vested account balance.

- If the Participant's account is subject to the pre-retirement survivor annuity, I further certify that:

  (I) I have read the Pre-retirement Survivor Annuity Notice and understand that the Participant is waiving this automatic form of death benefit.
  (II) I understand that if I consent to the Participant's waiver of the pre-retirement survivor annuity, all death benefits under the plan may be paid to someone other than me.
  (III) I understand that if my spouse is currently under age 35 and is making this beneficiary designation while employed by the Employer, my consent will be valid only until the first day of the plan year in which he/she attains age 35 (or terminates employment, if earlier). Otherwise, my consent is irrevocable unless the Participant revokes his/her beneficiary designation.

- If the Participant's account is not subject to the pre-retirement survivor annuity, I further certify that:

  (I) I understand that under the terms of the plan I am entitled to receive the Participant's entire vested account balance ifthe Participant dies before receiving full payment of his/her benefit under the plan.
  (II) I understand that by consenting to the Participant's beneficiary designation(s), the Participant's vested account balance under the plan will be paid to the designated beneficiary(ies) and not entirely to me.
  (III) I understand that my consent is irrevocable unless the Participant revokes this beneficiary designation.

Name of Participant's Spouse

Signature of Participant's Spouse

Date – MM/DD/YYYY

Notary Seal

Signature of Notary Public

Date – MM/DD/YYYY

Please Return Completed Form to Your Employer.

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