



Beneficiary Designation Form Instructions

The attached beneficiary designation form is a REQUIRED LEGAL DOCUMENT that will be used to determine beneficiaries for the listed Life Insurance Plans, GE Savings and Security Plan (S&SP) and/or GE Pension Plan.

****STOP****: Before completing the beneficiary designation form, it is important to note that this form will be void if you do not follow the rules below and complete the checklist that follows.

- Use blue or black ink (unless completed and printed from online);
- Print;
- Do not cross-out;
- Do not use white out or attempt to erase; and
- Make NO stray marks or notes anywhere on the form.

CHECKLIST (please complete all items):

- To protect your privacy, enter your Social Security number only if you do not have a GE Identification Number (SSO).
- I have completed all sections of the form as indicated on the instructions;
- I have allocated a total of 100% over all primary beneficiaries;
- I have chosen contingent beneficiaries, I have allocated a total of 100% over those beneficiaries;
- I have requested and completed additional forms to allocate multiple beneficiaries to various plans (if needed);
- I have signed, dated, and attached every completed form; and
- If someone other than my spouse was indicated as the primary beneficiary for all GE Benefits Plans, including GE S&SP and Pension, my spouse signed the *consent form* and had it notarized.

*If you require additional forms, visit benefits.ge.com and click on the *Forms and Documents* link, under "Explore My Services" or call the GE Enrollment Center at 1-800-252-5259. Additionally, if you have questions or need further assistance in completing your beneficiary designation form, please contact the GE Enrollment Center.

Commonly asked questions about beneficiary designations

- Q How do I designate someone other than my spouse as a primary beneficiary of my Pension Plan &/or Savings & Security Program (S&SP) benefits?**
After completing this form, your spouse must also sign it to indicate consent to the beneficiary designations you have made. In addition, you and your spouse must completely and accurately fill out the *consent form*. Ensure that your spouse's waiver is consistent with your designation(s). If you need information or assistance, please call the GE Enrollment Center at 1-800-252-5259.
- Q What do I do if this form does not allow me to make the designations that I would like?**
Do not modify this form! Call the GE Enrollment Center and a plan specialist will assist you.
- Q If I'm divorced, how will my beneficiary designation(s) be affected?**
A divorce will not change your beneficiary designation. If your marital status changes in any way, please file a new form with the GE Enrollment Center. Please make sure the form implements any obligations imposed by your divorce decree.
- Q What will happen if I don't specify percentages for the multiple beneficiaries I name?**
If no percentages are indicated, plan benefits will be divided equally among your named beneficiaries.
- Q What if one or more of my primary beneficiaries dies before I do?**
If no percentages are specified, then the value of the benefits will be shared equally among your surviving primary beneficiaries. If percentages are specified, the value of the benefits will be payable to those beneficiaries based on their proportional interest. If at your death there is only one surviving primary beneficiary, all benefits will be paid to that beneficiary. If no primary beneficiary survives you and contingent beneficiaries are named, this process will also apply to contingent beneficiaries.
- Q What happens if none of my beneficiaries survive me . . . or if I never fill out and return a beneficiary designation form?**
If you never name a beneficiary or die with no surviving beneficiaries, benefits shall be payable in accordance with GE plan terms.
- Q Can I simply designate "all of my descendants" as a beneficiary?**
You may not make a designation (such as a "per stirpes" designation) to broadly apply to all of your descendants without specifically identifying them, nor may you write "children" or "unborn children" as a beneficiary.
- Q Can I designate one set of beneficiaries for some GE benefit plans and a different set of beneficiaries for other benefit plans?**
Yes. To designate a different set of beneficiaries for one or more GE benefit plans, make a photocopy of the blank form (or request another form from the GE Enrollment Center). On the photocopied form, check the plan(s) to which that designation applies and provide the names and other information for the beneficiaries for that plan(s). Staple or clip the forms together and return them to the GE Enrollment Center.
- Q Why must I provide both a social security number and address for my beneficiary (ies)?**
It is important to have both the social security number and address to ensure that GE can locate your beneficiary (ies).
- Q How do I designate my estate as my beneficiary?**
Write "My Estate" (or "Estate of <Your Name>") in the space provided for a primary beneficiary. Do not list yourself as the beneficiary.
- Q How do I designate a trust as my beneficiary?**
Your designation of a trust must include: 1) the name and date of the trust agreement; and 2) the name and address of the current or designated Trustee. (Example: "John Doe Family Trust dated September 30, 1999, Jane Doe, Trustee, 1 Main St, Albany, NY 12211).
- Q What would happen if I named a beneficiary for a life insurance benefit for which I had previously set up a trust?**
The beneficiary designated on the *beneficiary designation form* will receive the insurance proceeds.
- Q What do I enter in the beneficiary "SSN" and "date of birth" fields if I am designating an estate/trust as my beneficiary?**
If you choose to name an estate or trust, please leave these fields blank or if a tax identification number is available please enter this number in the SSN field.
- Q Which takes precedence: this form or a will?**
A properly completed form will nullify any contrary designations made in your will concerning the applicable plan benefits. This form will govern in the event of a disparity between the beneficiary form and a will.
- Q What should be done if I am the guardian/conservator or have been appointed power of attorney for the GE employee/retiree/vestee and I wish to change the beneficiary designation(s) on behalf of this individual?**
If you have previously submitted a guardianship/conservatorship or power of attorney document to GE, a review of the document will occur regarding your authority to make a beneficiary designation change. If you have not previously submitted the documents to GE, you must attach a copy of the document granting you authority to change beneficiary designation(s) for the GE employee/retiree/vestee. If you do not submit such documentation, your beneficiary designation will not be valid.
- Q Can I name a beneficiary after I have "assigned" my rights regarding life insurance benefits?**
If you have previously made an "irrevocable assignment" of your rights regarding any benefits for a life insurance plan, you may not designate a beneficiary for the assigned benefit. If you do, the designation will not be honored. If the assignee wishes to change the beneficiary designation, he/she may call the GE Enrollment Center for the appropriate forms.

For information or assistance, call the GE Enrollment Center at 1-800-252-5259.



Beneficiary Designation Form

Please PRINT clearly. Do not erase or attempt to make corrections. Correction tape, white out or cross-outs will void this form.

Your Name: _____ (Complete SSN only if GE Identification Number (SSO) OR Social Security Number (SSN) SSO is not available) _____

Marital Status (choose one): Single Married (Date: _____) Widowed Divorced Legally Separated w/ Court Order

Date of Birth: _____ Business Phone: (____) _____ Home Phone: (____) _____

Home Address: _____
Street City State Zip

1. Select Your GE Benefits Plans - REQUIRED: CHECK ONLY THOSE PLANS FOR WHICH YOU WANT THIS BENEFICIARY DESIGNATION TO APPLY

Same Beneficiary (ies) for ALL GE benefit plans listed below* (If selected, do not check any other plan boxes)
OR

- | | |
|--|---|
| <input type="checkbox"/> GE Pension Plan* | <input type="checkbox"/> GE Accidental Death & Dismemberment (AD&D) Insurance |
| <input type="checkbox"/> GE Savings & Security (S&SP) Program* | <input type="checkbox"/> GE A Plus (Term or Group Universal) Life Insurance |
| <input type="checkbox"/> GE Basic Life or GE Leadership Life Insurance | <input type="checkbox"/> GE Personal Accident Insurance |

***NOTE:** If you are married (or separated without a court order) you must designate your spouse as the sole primary beneficiary for GE Pension and Savings and Security plans unless you obtain your spouse's written consent. If a consent is required, your spouse must 1) sign the bottom of this form, AND 2) complete and obtain the required signatures on the consent form which accompanies this form.

2. Select Your Primary Beneficiary (ies) - REQUIRED

If you name more than one primary beneficiary, indicate the percentage each is to receive. The total of the percentages must equal 100%. *
 This form will apply only to those plans in which you are a participant and which are indicated above.

Primary Beneficiary (Attach copy of form for additional primary beneficiaries)	Soc. Sec. No.	Date of Birth	Relationship	Percentage (equals 100%)
Name ----- Address				
Name ----- Address				
Name ----- Address				

3. Select Your Contingent Beneficiary (ies) - OPTIONAL

Contingent beneficiary (ies) may receive benefits if all of your primary beneficiary(ies) die before you do. The total of the percentages must equal 100%*

Contingent Beneficiary (Attach copy of form for additional contingent beneficiaries)	Soc. Sec. No.	Date of Birth	Relationship	Percentage (equals 100%)
Name ----- Address				
Name ----- Address				
Name ----- Address				

4. Signature & Date -REQUIRED- Sign and date this form to validate your designation, and to acknowledge that you understand the following:

- I understand that this form replaces all other previous designations I may have made for these plans.
- I understand it is my responsibility to review carefully the beneficiary confirmation I will receive by mail to confirm that it fully represents my intentions. I also reserve the right to change the designated beneficiary(ies) at any time.
- If no primary or contingent beneficiary is living at my death, I understand that benefits will be paid in accordance with GE plan terms.

Signature _____ Date _____

Spouse's Signature (if required, indicates consent to the beneficiary designation(s) above) _____

Life and Accident Insurances administered and insured by MetLife. *If you do not indicate the percentages each beneficiary is to receive, then payment to multiple primary (contingent) beneficiaries shall be made in equal shares, or to the survivors in equal shares, or all to the last survivor.

Return to: GE Enrollment Center, PO Box 44278 Jacksonville, FL 32231-4278



Consent Form

Introduction:

If you are married, your spouse is automatically your beneficiary to receive: 1) pre-retirement death benefits from the GE Pension Plan, if any, and 2) your GE Savings and Security Program account balance, if any. If, on the *beneficiary designation form*, you have named someone other than your spouse as primary beneficiary under either of these plans, ***you must obtain your spouse's consent on this form.***

Instructions:

- To name someone other than your spouse to receive pre-retirement death benefits under the GE Pension Plan, **you must be at least 35 years of age (or have terminated from GE's employ and withdrawn your GE Pension Plan contributions).**
- To indicate consent to waive spousal rights under the GE Pension Plan and/or GE Savings and Security Program account balance, you must complete Section 1 and your spouse must complete Section 2 of this form.
- A Notary Public must witness your spouse's signature and sign below.
- Please be sure that the information on this *consent form* matches the information you are providing on the *beneficiary designation form*.
- This spousal consent will be invalid if, at the time of your death, your spouse is other than the individual identified below.
- Please note:** *If you designate a primary beneficiary other than your spouse to receive death benefits under the GE Pension Plan, those benefits will be paid in a lump sum which is less than the total monthly payments your spouse would have received.*

Section 1- Waiver of Pre-Retirement Death Benefits for Surviving Spouse *(To be completed by you)*

I, _____, elect to waive the pre-retirement death benefits under the GE Pension Plan (including the GE Pre-Retirement Spouse Benefit) that would – without this waiver – become payable to my eligible* spouse if I die before I retire.

Your Signature: _____ Date: _____

*The GE Pre-Retirement Spouse Benefit is not payable to a spouse to whom you were married for less than one year at the time of your death.

Section 2- Spouse's Consent to Waive Rights to Benefits *(To be completed by your spouse)*

PLEASE CHECK EACH BOX THAT APPLIES AND PROVIDE THE REQUIRED SIGNATURES IN INK.

- I waive my spousal rights to pre-retirement death benefits from the GE Pension Plan (including the Pre-Retirement Spouse Benefit) that would otherwise be payable to me at my spouse's death, having reviewed an explanation of my surviving spouse benefits.
- I waive my spousal rights to benefits from my spouse's GE Savings & Security Program account balance. I acknowledge that I have reviewed the beneficiary designation form and understand the consequences of this consent.

I understand that it is my responsibility to carefully review the beneficiary confirmation, when it is received by mail, to confirm that the beneficiary designation form fully represents my intentions.

Spouse's Signature: _____ Date: _____

This individual has personally appeared before me and has proven his identity by satisfactory evidence, this _____ day of _____ 20____ and has acknowledged his signature before me.

Notarized by (Sign Name): _____ Date: _____

Print Name: _____ State of _____, County of _____

(Affix Stamp or Seal)

For information or assistance, call the GE Enrollment Center at 1-800-252-5259

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