Principal Financial Group

FORKLIFTS OF ST. LOUIS, INC. SAVINGS INCENTIVE PLAN
Principal Life Insurance Company
Des Moines, IA 50306-9394

Beneficiary Form

Retirement Plan Beneficiary Designation

Follow these steps to name your beneficiary(ies): 1) Complete the Personal Information section. 2) Select one of the beneficiary choices (Choice A, Choice B, or Choice C). See Page 3 for more detailed instructions and examples. 3) Name your beneficiary(ies) on Page 2. 4) Sign the form at the bottom of Page 2. 5) Return the beneficiary form to Principal Life Insurance Company and keep a copy for your records.

Contract/Plan ID Number (3)67951
CTD01304

Personal Information *(please print with black ink)*

Name *(Last)* *(First)* *(MI)* Social Security Number

_____ _____ _____ _____ - _____ - _____

Address Phone Number

_____ (_____) _____ - _____

City State Zip Email Address

_____ _____ _____ _____

Company

_____

My Beneficiary Choices *(pick one)*

❑ Choice A: Single Participant *(includes widowed, divorced or legally separated)*

I am not married and designate the individual(s) named on Page 2 of this form to receive death benefits from the plan. I understand if I marry, this designation is void one year after my marriage (some plans specify a shorter period).
Note: If changing your beneficiary due to a legal separation or divorce, you must attach a copy of the court decree.

❑ Choice B: Married with Spouse as Sole Beneficiary *(spouse's signature is not required)*

I am married and designate my spouse named on Page 2 of this form to receive all death benefits from the plan/contract.

❑ Choice C: Married with Spouse Not as Sole Primary Beneficiary *[Spouse's signature REQUIRED — review the Qualified Preretirement Survivor Annuity (QPSA) consent at the end of this form.]*

I am married and designate the individual(s) named on Page 2 of this form to receive death benefits in accordance with the plan provisions. Note: If you are married and do not name your spouse as the sole primary beneficiary, your spouse must sign the consent below. The signature must be witnessed by a plan representative or notary public. If you are younger than age 35, your spouse must again consent to this in writing at the start of the plan year in which you reach age 35 for this designation to remain effect.

Notice to spouse: In signing, you are also verifying that you have read the QPSA notice and consent on the last page of this form.

❑ By checking this box, I agree only to the beneficiary designation on this form. My spouse cannot change the beneficiary without my consent.

Spouse's Signature (must be witnessed by plan representative or notary public) ***Date***

X_____ _____ / _____ / _____

The spouse appeared before me and signed the consent on: ***Plan Representative or Notary Public Signature*** ***Date***

_____ / _____ / _____ X_____ _____ / _____ / _____

❑ (Check if applicable) I certify that my spouse cannot be located to sign this consent. I will notify the plan sponsor if my spouse is located. ***Note: If your spouse cannot be located, check this box and have it witnessed by the plan representative. It must be established to the satisfaction of the plan representative that your spouse cannot be located.***

I certify that spousal consent cannot be obtained because spouse cannot be located.

Plan Representative Signature ***Date***

X_____ _____ / _____ / _____

Beneficiary Form

Contract/Plan ID Number (3)67951

Naming My Beneficiary(ies)

Before completing, please read the instructions, examples and Qualified Preretirement Survivor Annuity notice information on this form. You may name one or more primary and/or contingent beneficiaries. If you need more space to name beneficiaries, please attach a separate list that you have signed and dated. Note: Unless otherwise provided, if two or more beneficiaries are named, the proceeds shall be paid to the named beneficiaries, or to the survivor or survivors, in equal shares.

Name *(primary beneficiary[ies])*	Date of Birth	Relationship	Social Security Number	Percent
_____	__/__/____	_____	_____-____-_____	_____

Address	City	State	ZIP
_____	_____	_____	_____

Name *(primary beneficiary[ies])*	Date of Birth	Relationship	Social Security Number	Percent
_____	__/__/____	_____	_____-____-_____	_____

Address	City	State	ZIP
_____	_____	_____	_____

If primary beneficiary(ies) is not living, pay death benefits to:

In most circumstances, your contingent beneficiary(ies) will only receive a death benefit if the primary beneficiary predeceases you and the death benefit has not been paid in full.

Name *(contingent beneficiary[ies])*	Date of Birth	Relationship	Social Security Number	Percent
_____	__/__/____	_____	_____-____-_____	_____

Address	City	State	ZIP
_____	_____	_____	_____

Name *(contingent beneficiary[ies])*	Date of Birth	Relationship	Social Security Number	Percent
_____	__/__/____	_____	_____-____-_____	_____

Address	City	State	ZIP
_____	_____	_____	_____

Name Change

Change my name from:	Change my name to:	Date
_____	_____	____ /____ / _____

Reason: ☐ Married ☐ Divorced - must attach divorce decree

☐ Other - provide reason: _____

My Signature

This designation revokes all prior designations made under the retirement plan.

My Signature (Required)	*Date*
X_____	_____ / _____ / _____

UNDER THE PENALTIES OF PERJURY, I certify by my signature that all of the information on this beneficiary designation form is true, current and complete.

Instructions

Read carefully before completing this form. To be sure death benefits are paid as you wish, follow these guidelines:

Use Choice A **If you are not married.**

Use Choice B **If you are married and want all death benefits from the plan paid to your spouse. Your spouse does not have to sign the form.**

Use Choice C **If you are married and want death benefits paid to someone other than your spouse, in addition to your spouse, or to a trust or estate. Your spouse must sign the spouse's consent on this form. This signature must be witnessed by a plan representative or notary public.**

You may name one or more contingent beneficiaries. If you need more space to name beneficiaries, please attach a separate list that you have signed and dated.

Be sure you sign and date the form. Keep a copy of this form for your records. Return the original to your plan sponsor. If you do not date the form, the designation will become effective the day it's received by your plan sponsor or Principal Life Insurance Company depending upon plan provisions.

If your marital status changes, review your beneficiary designation to be sure it meets these requirements. If your name changes, complete the Name Change section of this form.

Examples of Naming Beneficiaries

Be sure to use given names such as "Mary M. Doe," not "Mrs. John Doe," and include the address and relationship of the beneficiary or beneficiaries to the participant. The following examples may be helpful to you:

	Name	Relationship	Social Security Number	Address	Amount/Percent
One Primary Beneficiary	Mary M. Doe	Sister	###-##-####	XXXXXXXXXX	100%
Two Primary Beneficiaries	Jane J. Doe	Mother	###-##-####	XXXXXXXXXX	50%
	John J. Doe	Father	###-##-####	XXXXXXXXXX	50%
	or to the survivor				
One Primary Beneficiary and One Contingent	Jane J. Doe	Wife	###-##-####	XXXXXXXXXX	100%
	if living; otherwise to John J. Doe	Son	###-##-####	XXXXXXXXXX	100%
Estate	My Estate				100%
Trust	ABC Bank and Trust Co.	Trustee or successor in trust under (Trust Name) established (Date of Trust Agreement)		XXXXXXXXXX	100%
Testamentary Trust (Trust established within the participant's will)	John J. Doe/ Trust created by the Last Will and ABC Bank Testament of the participant			XXXXXXXXXX	100%
Children & Grandchildren (if beneficiary is a minor, use sample wording shown below)	John J. Doe	Son	###-##-####	XXXXXXXXXX	33.4%
	Jane J. Doe	Daughter	###-##-####	XXXXXXXXXX	33.3%
	William J. Doe	Son	###-##-####	XXXXXXXXXX	33.3%
	If any of my children predecease me, the surviving children of any such child shall receive in equal portions the share their parent would have received, if living. If no child of a deceased child survives, the share of that child of mine shall go to the survivor or survivors of my children, equally.				
Minor Children (custodian for minor)	John J. Doe, son, and Jane J. Doe, daughter, equally, or to the survivor. However, if any proceeds become payable to a beneficiary who is a minor as defined in the Iowa Uniform Transfers to Minors Act (UTMA), such proceeds shall be paid to Frank Doe as custodian for John Doe under the Iowa UTMA, and Frank Doe as custodian for Jane Doe under the Iowa UTMA.				

Qualified Preretirement Survivor Annuity (QPSA) Notice

If your spouse has a vested account in a retirement plan, federal law requires that you receive a special death benefit if your spouse dies before beginning to receive retirement benefits (or, if earlier, before the beginning of the period for which the retirement benefits are paid).

If you have been married to your spouse for at least one year (some plans may specify a shorter time period), you have the right to receive this payment for your life beginning after your spouse dies. The special death benefit is often called a qualified preretirement survivor annuity (QPSA). This death benefit will automatically be paid in a lump sum rather than as a QPSA if the value of the death benefit is $5,000* or less.

If the lump-sum value of the death benefit is greater than $5,000, the death benefit will be paid in the form of a QPSA. Other options may be available. The actual amount of the QPSA benefit will vary depending on the vested account balance, your age and the cost to purchase the benefit.

Your right to the QPSA benefit provided by federal law cannot be taken away unless you agree to give up that benefit. If you agree, your spouse can choose to have all or part of the death benefits paid to someone else. The person your spouse chooses to receive the death benefit is usually called the beneficiary. As an example, if you agree, your spouse can have the death benefit paid to his or her children instead of you.

Example: Pat and Robin Doe agree that Robin will not receive the QPSA benefit. Pat and Robin also decide that half of the death benefit that is paid from Pat's vested account will be paid to Robin, and half of the death benefit will be paid to Pat and Robin's child, Chris. The total death benefit is $200 per month. After Pat dies, the plan will pay $100 a month to Robin for the rest of Robin's life. Chris will also receive payments from the plan as long as he lives. Chris will receive less than $100 a month because Chris, being younger than Robin, is expected to receive payments over a longer period.

Your choice to give up the QPSA benefit must be voluntary. It is your personal decision if you want to give up the right. If you sign this agreement, your spouse can choose the beneficiary who will receive the death benefit without telling you and without getting your agreement. Your spouse can change the beneficiary at any time before he or she begins receiving benefits or dies. You have the right to agree to allow your spouse to select only a particular beneficiary. If you want to allow your spouse to select only a particular beneficiary, check the box in Choice C under My Beneficiary Choices section, which will limit the beneficiary choice to the one designated on this form.

You can agree to give up all or part of the QPSA benefit. If you do so, the plan will pay you the part of the benefit you did not give up, and pay the remaining part of the benefit to the person or persons selected by your spouse.

You can change your mind with respect to giving up your right to the QPSA benefit until the date your spouse dies. After that date, you cannot change this agreement. If you change your mind, you must notify the plan administrator in writing that you want to revoke the consent you give on this form.

You may lose your right to the QPSA benefit if your spouse and you become legally separated or divorced even if you do not sign this agreement. However, if you become legally separated or divorced, you might be able to get a special court order called a qualified domestic relations order (QDRO) that specifically protects your rights to receive the QPSA benefit or that gives you other benefits under this plan. If you are thinking about separating or getting a divorce, you should get legal advice on your rights to benefits from the plan.

QPSA Spousal Consent and Agreement

I understand that I have a right to a QPSA benefit from my spouse's retirement account (see prior section for explanation of QPSA benefit) if my spouse dies prior to receiving retirement benefits — or if earlier, before the beginning of the period for which the retirement benefits are paid. I also understand that if the value of the QPSA benefit is $5,000* or less, the plan will pay the benefit to me in one lump-sum payment.

I agree to give up my right to the QPSA death benefit and to allow my spouse to choose another beneficiary to receive some or all of that benefit. I understand that by signing this agreement, my spouse can choose any beneficiary without telling me and without my consent agreement unless I limit my spouse's choice to the particular beneficiary by checking the appropriate box in the My Beneficiary Choices section of this form. If I do not check this box, I understand that my spouse can change the beneficiary at any time before retirement benefits begin without telling me and without getting my approval.

I understand I do not have to sign this agreement. I am signing this agreement voluntarily. If I do not sign this agreement, I will receive the QPSA benefit if my spouse dies before beginning to receive retirement benefits – or, if earlier, before the beginning of the period for which the retirement benefits are paid. I understand that if the value of the QPSA benefit is $5,000* or less, the plan will pay the benefit to me in one lump-sum payment.

Insurance products and plan administrative services are provided by Principal Life Insurance Company, a member of the Principal Financial Group®, Des Moines, IA 50392.

* Your plan can specify a lower dollar amount.