

TVA 401(k) Plan  
**Beneficiary Designation Form**

**INSTRUCTIONS**

Please print clearly in CAPITAL LETTERS, using only blue or black ink. Do not use correction fluid. If you need to change information that you entered, you will need to complete a new form.

Complete all applicable sections. If the form is missing information, the form will be returned to you. The beneficiary designation should not include wording such as "either/or" or "and/or."

Mail to the following address:

**Fidelity Investments, P.O. Box 770003, Cincinnati, OH 45277-0088**

If you wish to return your forms using overnight mail, please address your package to:  
Fidelity Investments, 100 Crosby Parkway, Mail Zone KC1F, Covington, KY 41015

**BENEFICIARY TYPES**

A beneficiary is a person, institution, charitable organization, irrevocable Trust, revocable Trust, or Trust named by you, the participant, to receive payment of benefits provided under the plan in the event of your death. You may designate more than one beneficiary who will share the benefit. You may designate one or more contingent beneficiaries. Contingent beneficiaries will only be entitled to receive payment if none of the primary beneficiaries survive you.

This designation is for your 401(k) Plan ONLY. Complete form RS-2 ([www.tvvars.com](http://www.tvvars.com)) to change your beneficiary(ies) for the TVARS death-in-service benefit, if eligible. For changes to other TVA beneficiary(ies), go to the Benefits section of PLUS or contact the TVA Service Center. If you name a minor child, payments can only be made to a court-appointed guardian of the minor child's estate. A parent does not automatically qualify as a guardian of the child's estate. A court must grant the guardian the authority to collect money on behalf of the child.

**Naming an estate:** Letters of appointment issued by the court naming the executor or administrator of the estate must be provided when a claim is filed. Please consult your attorney for advice on the effect of this designation. No additional legal documentation is required at this time.

**Naming a trust:** Provide the name, date and tax identification number of the trust (if available). If there has not been a tax identification number assigned to the trust, provide your Social Security number. The trust must be established prior to the date this form is submitted. **Do not send a copy of the trust agreement.** If available, also provide the name and address of one trustee.

**Naming an organization:** Please provide the name and address. Although not required at this time, include the tax identification number if it is available.

**NOTE:** An example of how to complete this form is provided on the following page.

**FREQUENTLY ASKED QUESTIONS**

**What is a Primary Beneficiary?** A primary beneficiary is your first choice to receive life insurance proceeds.

**What is a Contingent Beneficiary?** A contingent beneficiary is your second choice to receive the life insurance proceeds if the primary beneficiary(ies) is (are) not living at the time of the employee's death. **Do not enter the same names you have entered as primary beneficiary(ies).**

**Can I designate my will as a beneficiary?** If you wish to have your plan benefit disbursed in accordance with the terms of your will, you should designate your estate as your beneficiary.

# EXAMPLE

The following image provides examples of how to assign a beneficiary designation for a spouse, trust, and estate.

## C. PRIMARY BENEFICIARY INFORMATION

The sum of the percentages must equal 100%. If you would like to name more than three primary beneficiaries, please add a separate page to this form, which includes the applicable beneficiary information *with your* signature and date. DO NOT USE A PHOTOCOPY OF THIS FORM.

1	First Name or Name of Trust / Estate / Organization	J A M E S	
	Last Name / Trustee Full Name	S M I T H	
	Street No.	1 2 3	Street Name
			M A I N S T R E E T
	City	A N Y T O W N	State/Province
			S T A T E
	Zip/ Postal Code	5 4 3 2 1 6 7 8 9	Country
			U N I T E D S T A T E S
	Beneficiary's Date of Birth or Trust Date	0 1 - 0 8 - 1 9 5 4	Beneficiary's SSN (optional) / Tax ID
			9 8 7 - 6 5 - 4 3 2 1
			<input type="checkbox"/> Check Here if no SSN (for foreign citizen)
	Beneficiary Type: (Check Only One Box)		Percentage: 3 3 . 3 3 %
	<input type="checkbox"/> Entity: (If Entity, circle type)	Trust Estate Organization	
	<input checked="" type="checkbox"/> Individual: (If Individual, circle type)	Spouse Domestic Partner	Daughter Son
		Mother Father	Sister Brother
		Niece Nephew	Aunt Uncle
		Grandparent Cousin	Other
2	First Name or Name of Trust / Estate / Organization	D O E F A M I L Y T R U S T	
	Last Name / Trustee Full Name	M I C H E L L E D O E	
	Street No.	5 6	Street Name
			F I F T H S T R E E T
	City	A N Y W H E R E	State/Province
			S T A T E
	Zip/ Postal Code	1 2 3 4 6 9 8 7 6	Country
			U N I T E D S T A T E S
	Beneficiary's Date of Birth or Trust Date	0 7 - 0 4 - 1 9 9 2	Beneficiary's SSN (optional) / Tax ID
			1 1 2 - 2 4 - 4 5 5 5
			<input type="checkbox"/> Check Here if no SSN (for foreign citizen)
	Beneficiary Type: (Check Only One Box)		Percentage: 3 3 . 3 3 %
	<input checked="" type="checkbox"/> Entity: (If Entity, circle type)	Trust Estate Organization	
	<input type="checkbox"/> Individual: (If Individual, circle type)	Spouse Domestic Partner	Daughter Son
		Mother Father	Sister Brother
		Niece Nephew	Aunt Uncle
		Grandparent Cousin	Other
3	First Name or Name of Trust / Estate / Organization	E S T A T E O F J O H N S M I T H	
	Last Name / Trustee Full Name		
	Street No.		Street Name
	City		State/Province
	Zip/ Postal Code		Country
	Beneficiary's Date of Birth or Trust Date		Beneficiary's SSN (optional) / Tax ID
			<input type="checkbox"/> Check Here if no SSN (for foreign citizen)
	Beneficiary Type: (Check Only One Box)		Percentage: 3 3 . 3 4 %
	<input checked="" type="checkbox"/> Entity: (If Entity, circle type)	Trust Estate Organization	
	<input type="checkbox"/> Individual: (If Individual, circle type)	Spouse Domestic Partner	Daughter Son
		Mother Father	Sister Brother
		Niece Nephew	Aunt Uncle
		Grandparent Cousin	Other

Primary Beneficiary Total Percentage = 100.00 %

Keep this page for your records. Return the completed form to the service center.



## C. PRIMARY BENEFICIARY INFORMATION

The sum of the percentages must equal 100%. If you would like to name more than three primary beneficiaries, please add a separate page to this form, which includes the applicable beneficiary information *with your* signature and date. DO NOT USE A PHOTOCOPY OF THIS FORM.

1 First Name or Name of Trust / Estate / Organization  
  
 Last Name / Trustee Full Name  
  
 Street No.  Street Name   
 City  State/Province   
 Zip/ Postal Code  Country   
 Beneficiary's Date of Birth or Trust Date  -  -  Beneficiary's SSN (optional) / Tax ID  -  -   Check Here if no SSN (for foreign citizen)  
 Beneficiary Type: (Check Only One Box) Percentage: . %  
 Entity: (If Entity, circle type) Trust Estate Organization  
 Individual: (If Individual, circle type) Spouse Domestic Partner Daughter Son Mother Father Sister Brother Niece Nephew Aunt Uncle Grandparent Cousin Other

2 First Name or Name of Trust / Estate / Organization  
  
 Last Name / Trustee Full Name  
  
 Street No.  Street Name   
 City  State/Province   
 Zip/ Postal Code  Country   
 Beneficiary's Date of Birth or Trust Date  -  -  Beneficiary's SSN (optional) / Tax ID  -  -   Check Here if no SSN (for foreign citizen)  
 Beneficiary Type: (Check Only One Box) Percentage: . %  
 Entity: (If Entity, circle type) Trust Estate Organization  
 Individual: (If Individual, circle type) Spouse Domestic Partner Daughter Son Mother Father Sister Brother Niece Nephew Aunt Uncle Grandparent Cousin Other

3 First Name or Name of Trust / Estate / Organization  
  
 Last Name / Trustee Full Name  
  
 Street No.  Street Name   
 City  State/Province   
 Zip/ Postal Code  Country   
 Beneficiary's Date of Birth or Trust Date  -  -  Beneficiary's SSN (optional) / Tax ID  -  -   Check Here if no SSN (for foreign citizen)  
 Beneficiary Type: (Check Only One Box) Percentage: . %  
 Entity: (If Entity, circle type) Trust Estate Organization  
 Individual: (If Individual, circle type) Spouse Domestic Partner Daughter Son Mother Father Sister Brother Niece Nephew Aunt Uncle Grandparent Cousin Other

NOTE: Don't forget to sign Section B.

Primary Beneficiary Total Percentage = 100.00 %

## D. CONTINGENT BENEFICIARY INFORMATION

The sum of the percentages must equal 100%. If you would like to name more than three contingent beneficiaries, please add a separate page to this form, which includes the applicable beneficiary information *with your* signature and date. DO NOT USE A PHOTOCOPY OF THIS FORM.

1	First Name or Name of Trust / Estate / Organization <input type="text"/>	
	Last Name / Trustee Full Name <input type="text"/>	
	Street No. <input type="text"/>	Street Name <input type="text"/>
	City <input type="text"/>	State/Province <input type="text"/>
	Zip/ Postal Code <input type="text"/>	Country <input type="text"/>
	Beneficiary's Date of Birth or Trust Date <input type="text"/> - <input type="text"/> - <input type="text"/>	Beneficiary's SSN (optional) / Tax ID <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="checkbox"/> Check Here if no SSN (for foreign citizen)
	Beneficiary Type: (Check Only One Box)	
	<input type="checkbox"/> Entity: (If Entity, circle type) Trust Estate Organization	
	<input type="checkbox"/> Individual: (If Individual, circle type) Spouse Domestic Partner Daughter Son Mother Father Sister Brother Niece Nephew Aunt Uncle Grandparent Cousin Other	
		Percentage: <input type="text"/> . <input type="text"/> %
2	First Name or Name of Trust / Estate / Organization <input type="text"/>	
	Last Name / Trustee Full Name <input type="text"/>	
	Street No. <input type="text"/>	Street Name <input type="text"/>
	City <input type="text"/>	State/Province <input type="text"/>
	Zip/ Postal Code <input type="text"/>	Country <input type="text"/>
	Beneficiary's Date of Birth or Trust Date <input type="text"/> - <input type="text"/> - <input type="text"/>	Beneficiary's SSN (optional) / Tax ID <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="checkbox"/> Check Here if no SSN (for foreign citizen)
	Beneficiary Type: (Check Only One Box)	
	<input type="checkbox"/> Entity: (If Entity, circle type) Trust Estate Organization	
	<input type="checkbox"/> Individual: (If Individual, circle type) Spouse Domestic Partner Daughter Son Mother Father Sister Brother Niece Nephew Aunt Uncle Grandparent Cousin Other	
		Percentage: <input type="text"/> . <input type="text"/> %
3	First Name or Name of Trust / Estate / Organization <input type="text"/>	
	Last Name / Trustee Full Name <input type="text"/>	
	Street No. <input type="text"/>	Street Name <input type="text"/>
	City <input type="text"/>	State/Province <input type="text"/>
	Zip/ Postal Code <input type="text"/>	Country <input type="text"/>
	Beneficiary's Date of Birth or Trust Date <input type="text"/> - <input type="text"/> - <input type="text"/>	Beneficiary's SSN (optional) / Tax ID <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="checkbox"/> Check Here if no SSN (for foreign citizen)
	Beneficiary Type: (Check Only One Box)	
	<input type="checkbox"/> Entity: (If Entity, circle type) Trust Estate Organization	
	<input type="checkbox"/> Individual: (If Individual, circle type) Spouse Domestic Partner Daughter Son Mother Father Sister Brother Niece Nephew Aunt Uncle Grandparent Cousin Other	
		Percentage: <input type="text"/> . <input type="text"/> %

NOTE: Don't forget to sign Section B.

**Contingent Beneficiary Total Percentage = 100.00 %**