



# Athletico LTD. Employees' Profit Sharing Plan Designation of Beneficiary Letter of Instruction

Dear Plan Participant:

In response to your request to add or change a beneficiary from your account, enclosed you will find the following documents:

- Designation of Beneficiary Form
- Courtesy reply envelope

Please review all materials carefully, and then:

- Complete the enclosed form
- Keep a copy of the documents for your records
- Return the completed paperwork to:

### Regular Mail

T. Rowe Price Retirement Plan Services, Inc. Special Attn.: Forms Enclosed P.O. Box 17215 Baltimore, Maryland 21297-1215

### Overnight/Express Mail

T. Rowe Price Retirement Plan Services, Inc. Mail Code: 17215 4515 Painters Mill Road Owings Mills, Maryland 21117-4903

If you prefer, you can also view, update, and/or add beneficiaries online. To access this service, log on to the T. Rowe Price website at <u>rps.troweprice.com</u>. When you go to the "Profile" link, the beneficiaries are updated in the "Beneficiary Information" section.

If you have any questions, please contact T. Rowe Price at 1-800-922-9945. For TDD access, call 1-800-521-0325. You may also access your account by visiting the T. Rowe Price website at rps.troweprice.com, available 24 hours a day.

Sincerely,

T. Rowe Price Retirement Plan Services, Inc.





Name				Social Security Nu	mber
Street Address					
City, State, ZIP Code					
Daytime Phone Number		Evening Phon	e Number	Date of Birth	
Present Marital S	tatus (Check or	ne)			
I hereby certify that I	am:	lot Married	☐ Married		
_		mary beneficiary a gnature must be r	and your spouse consernotarized.	ts by completing the	Consent of Spous
If you become marr marriage will automa Beneficiary Desig I, the undersigned, beneficiary(ies) under	Ination hereby elect the plan:	ur prior benefician	er you sign this form, be y designation.  th the following person		
If you become marr marriage will automate Beneficiary Designs I, the undersigned, beneficiary(ies) under Primary Beneficiary	nation nation hereby elect the er the plan:	ur prior benefician	y designation.	(s) shall be my prim	
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Last Name, First, M.I. or Entity Name			Last Name, First, M.I. or Entity Name  Social Security Number or Tax ID Number  Street Address			
Social Security Number or Tax ID Number  Street Address						
Date of Birth	Relationsh	nip	Date of Birth	Relations	nip	
Percent			Percent			
divided equally an  Check here if  Participant's Sig	nong the seconda you have more th <u>nature</u>	ary beneficiaries wan two secondary	ut do not specify a percer who survive you. who beneficiaries and have u esignations with respect to	sed the additiona		

### **Consent of Spouse**

I, \_\_\_\_\_\_\_\_, am the spouse of the Participant named on this form. I understand that I have the right to receive my spouse's entire vested account in the plan after my spouse dies. I hereby waive that right and permit my spouse's plan account to be paid to the beneficiary(ies) designated by my spouse on this form. However, I do not consent to any changes in the beneficiary(ies) unless I agree to the change. By signing this consent, I understand that I will receive no benefits from the plan after my spouse dies unless I am designated as a primary beneficiary on this form. I understand that I do not have to sign this consent but do so voluntarily. I also understand that I cannot revoke my consent to the beneficiary(ies) designated on this form.

Date Spouse's Signature (must be notarized)

Participant's Signature







## **Notarization of Spouse's Signature**

		County of (or City of)				
	day of		,			
				(Notary Seal)		
Signatu	re of Notary Public					
Name o	f Notary Public					
neficiary(i	es)					
		-				
Name		Last Name, First, M.I. or Entity Name				
Social Security Number or Tax ID Number			Social Security Number or Tax ID Number			
Street Address			Street Address			
State	ZIP Code	City	State	ZIP Code		
Relationsh	nip	Date of Birth	Relationsh	nip		
_		Percent				
	ry(ies)	Last Name, First, M.I.	or Entity Name			
Social Security Number or Tax ID Number			Social Security Number or Tax ID Number			
Street Address			Street Address			
State	ZIP Code	City	State	ZIP Code		
Relationship		Date of Birth	Relationsh	nip		
-		Percent				
	Name of Name of Name  Name  Number  State  Relationsh  Name  Number	Signature of Notary Public  Name of Notary Public  PSS Ineficiary(ies)  Name  State ZIP Code  Relationship  Beneficiary(ies)  Name  Number	Signature of Notary Public  Name of Notary Public  Pass Parallel Code  Name  Last Name, First, M.I. of Social Security Number of Street Address  State ZIP Code  City  Relationship  Date of Birth  Percent  Beneficiary(ies)  Name  Last Name, First, M.I. of Social Security Number of Street Address  State ZIP Code  State State City  Street Address  Street Address  Street Address  Street Address  Street Address  City	Signature of Notary Public		

