



**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 [rps.troweprice.com](https://rps.troweprice.com). 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](https://rps.troweprice.com), available 24 hours a day.

Sincerely,

T. Rowe Price Retirement Plan Services, Inc.





**Secondary Beneficiary(ies)**

In the event the primary beneficiary(ies) is/are not living, I designate the following person(s) as my beneficiary(ies):

|   |              |          |   |              |          |
|---|--------------|----------|---|--------------|----------|
| _____                                   |              |          | _____                                   |              |          |
| Last Name, First, M.I. or Entity 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                          |              |          |
| _____                                   |              |          | _____                                   |              |          |
| City                                    | State        | ZIP Code | City                                    | State        | ZIP Code |
| _____                                   |              |          | _____                                   |              |          |
| Date of Birth                           | Relationship |          | Date of Birth                           | Relationship |          |
| _____                                   |              |          | _____                                   |              |          |
| Percent                                 |              |          | Percent                                 |              |          |

**If you name more than one secondary beneficiary but do not specify a percentage for each, your account will be divided equally among the secondary beneficiaries who survive you.**

**Check here if you have more than two secondary beneficiaries and have used the additional space provided.**

**Participant's Signature**

Any election I have made on this form revokes all prior designations with respect to this Plan.

|       |                         |
|-------|-------------------------|
| _____ | _____                   |
| Date  | Participant's Signature |

**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) |





**Notarization of Spouse's Signature**

State of \_\_\_\_\_ County of (or City of) \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

**(Notary Seal)**

\_\_\_\_\_  
Date Signature of Notary Public

\_\_\_\_\_  
My Commission Expires Name of Notary Public

**Additional Beneficiaries**

**Additional Primary Beneficiary(ies)**

\_\_\_\_\_  
**Last Name, First, M.I. or Entity Name**

\_\_\_\_\_  
Social Security Number or Tax ID Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
Date of Birth Relationship

\_\_\_\_\_  
Percent

\_\_\_\_\_  
**Last Name, First, M.I. or Entity Name**

\_\_\_\_\_  
Social Security Number or Tax ID Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
Date of Birth Relationship

\_\_\_\_\_  
Percent

**Additional Secondary Beneficiary(ies)**

\_\_\_\_\_  
**Last Name, First, M.I. or Entity Name**

\_\_\_\_\_  
Social Security Number or Tax ID Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
Date of Birth Relationship

\_\_\_\_\_  
Percent

\_\_\_\_\_  
**Last Name, First, M.I. or Entity Name**

\_\_\_\_\_  
Social Security Number or Tax ID Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
Date of Birth Relationship

\_\_\_\_\_  
Percent

