



Principal Life Insurance Company
Des Moines, IA 50306-9394

Beneficiary form

THE NY HOTEL TRADES COUNCIL AND HOTEL ASSN OF NEW YORK CITY,
INC. 401(K) SAVINGS PLAN

Contract/Plan ID Number: 446173
CTD01304

Retirement plan beneficiary designation without QPSA requirement

You may designate your beneficiary either online at principal.com or by completing the below form.

5) Return the beneficiary form to Principal Life Insurance Company and keep a copy for your records.

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.

Note: Only use this form if the plan does not allow Life Annuities or is a Governmental 457 Plan.

My personal information (please print with black ink)

Name			Phone number		Social Security number	
_____			- -		- -	
Last	First	MI				
Address				Email address		
_____				_____		
Street	City	State	Zip			

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).
- 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]

Spouse's Signature (must be witnessed by a 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 the spouse cannot be located.

Plan Representative Signature	Date
X _____	____ / ____ / ____

Beneficiary form

Contract/Plan ID Number: 446173

Naming my beneficiary(ies)

Before completing, please read the instructions, examples and Qualified Preretirement Survivor Annuity notice on this form. You may name one or more primary and/or contingent beneficiaries. If you need more space to name beneficiaries or name a Trust, Testamentary Trust, or minor children (custodian for minors), 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
_____	_____	_____	_____

* Effective 1/1/20, limitations may apply. See "Required Distribution Rules for Designated Beneficiaries" later in this form.

Name change

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

Reason: Married Divorce 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.