



## The Bank of New York Mellon Corporation 401(k) Savings Plan BENEFICIARY DESIGNATION INSTRUCTIONS

*These Beneficiary Designation Instructions are an integral part of the beneficiary designation process and should be used to assist you with your elections.*

By completing a Beneficiary Designation Form, you may choose a beneficiary to receive the value of your Bank of New York Mellon 401(k) Savings Plan ("Plan") account in case of your death. At any time, you may revoke the beneficiary election and designate a different beneficiary by submitting a new election. Your election is effective as of the date it is made but its validity is subject to review by the Plan Administrator. A confirmation will be sent to you upon receipt by the Plan Administrator. You will be notified by letter if additional information is required.

### **Complete Your Beneficiary Designation Online**

Instead of completing a hardcopy form, you can make your election online by logging on to the Plan website.

**At work:** Single sign-on access through **MyReward** (MySource > MyReward > Logon to MyReward)

**At home:** [www.bnymellon401k.com](http://www.bnymellon401k.com)

When logging on from home, you will need your Social Security Number and password/PIN.

Once you are on the Plan website, choose Personal Information > Beneficiary Information.

**Note:** If you are married and wish to elect a primary beneficiary other than your spouse, a hardcopy form with the completed Spousal Consent section must be submitted. Refer to page 3 of these instructions.

**Hardcopy Forms:** You can obtain a hardcopy form by calling the 401(k) Savings Line at **1-800-947-HR4U (4748)** and selecting option 1. You can also print a form by logging on to the Plan website.

**Questions?** If you have questions while completing your election, you can call the 401(k) Savings Line at **1-800-947-HR4U (4748)** and select option 1. Voya Customer Service Associates are available Monday through Friday, from 8 a.m. to 8 p.m. Eastern time.

### **Definitions**

**Primary Beneficiary** is a person designated as the first in line to inherit your Plan balance.

**Contingent Beneficiary** is a person designated to receive your Plan balance only if all your named primary beneficiaries die before you.

**Note:** All persons listed as beneficiaries must be living at the time of your designation. Designations to unborn children are not acceptable.

### **Rules of the Plan**

If you are **not married** and you do not designate a beneficiary, your estate will be the beneficiary of your Plan account.

If you are **married at the time of your death**, your spouse is automatically your primary beneficiary. If you are married and wish to name someone other than your spouse as the primary beneficiary, your spouse must consent in writing, and the consent must be notarized. If your spouse does not sign the consent, your beneficiary designation will be void, and your spouse will automatically be your primary beneficiary.



## Naming a Beneficiary

These instructions will assist you in properly completing the Primary and Contingent Beneficiary Sections of the form. Each time you complete a beneficiary form, it cancels all those you have previously completed. Every time you complete a new form, be sure to fill in both the primary and contingent beneficiary sections if you intend to have a contingent beneficiary. If you only complete the contingent section and leave the primary blank, you will have no primary beneficiary, even if a past form names one, unless you are married and your spouse is automatically your primary beneficiary.

### ***Death of Named Beneficiary***

- **If more than one person is named as primary beneficiary and one of those named dies before you**, then the percentage of that deceased beneficiary's designated share shall be divided among the surviving primary beneficiaries in proportion to the percentage selected for them. These same rules apply to contingent beneficiary elections.
- **If more than one person is named as primary beneficiary and one of those named dies after you**, then the percentage of that deceased beneficiary's designated share shall be paid to his/her estate. These same rules apply to contingent beneficiary elections.

### ***Special Designations***

- **Naming an estate**  
Provide the name and contact number of the executor or administrator of the estate. Letters of appointment issued by the court naming the executor or administrator of the estate as well as the state tax identification number 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 of the trust, date the trust was created and tax identification number of the trust. The trust must be established prior to the date this form is submitted. If there has not been a tax identification number assigned to the trust, provide your Social Security number. The trust tax identification number must be provided when the claim is filed. **Do not send a copy of the trust agreement**, but instead, provide the name and contact number of one trustee.
- **Naming a charity or non-profit organization**  
Please list name, complete address (street, city, state and zip code), and tax identification number. If the charity or organization is no longer in existence or cannot be reasonably located at the time of your death, the Plan will distribute your vested account balance to your remaining beneficiaries, if applicable, or to your estate.
- **What happens if you designate a person who is not a U.S. citizen?**  
If you should choose a person who is not a U.S. citizen as your beneficiary and he/she does not have a Social Security Number, then the following information must be provided on the Beneficiary Designation Form: full name, mailing address and telephone number. An email address can also be provided but is not required.
- **What happens if you designate a minor, a mentally incompetent person, or an estate as beneficiary?**  
If you should choose a minor, a person who is not legally competent, or an estate as beneficiary, it may be necessary to have a guardian or administrator appointed before any proceeds can be paid. This may mean delay and additional expense for your beneficiary.



### ***Divorce***

#### ▪ **What effect does divorce have on beneficiary designations?**

If a Beneficiary Designation Form was completed leaving benefits to a spouse prior to divorce, this designation is not automatically revoked by your divorce from the former spouse. Unless otherwise required by applicable federal or state law, your former spouse will remain your beneficiary until you designate a new one. If you remarry, your new spouse will automatically be your beneficiary unless: (1) you designate another beneficiary (which could be your former spouse) and your new spouse consents to the designation, or (2) the death benefit has been assigned to your former spouse under a qualified domestic relations order (QDRO).

### ***Spousal Consent***

- If you are married and you do not designate your spouse as your primary beneficiary for 100% of your account balance, your spouse must sign the Spousal Consent portion of this form in the presence of a notary public waiving his/her right to all or a portion of your vested account balance.

**Note:** If you do not obtain spousal consent to name a primary beneficiary other than your spouse, then your designated primary beneficiary election is invalid.



## The Bank of New York Mellon Corporation 401(k) Savings Plan BENEFICIARY DESIGNATION FORM

**Please check the appropriate box:**     New Election     Change in Election

### Participant Information

Last Name		First Name		M.I.
Address		City	State	ZIP Code
Social Security Number	<input type="checkbox"/> Married <input type="checkbox"/> Single	<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Daytime Phone Number and Email Address (    )	
Spouse's Name (Last, First, MI)		Social Security Number	Date of Birth	

I hereby designate the following beneficiary or beneficiaries to receive, in the event of my death, any benefits available to me under the Plan. The following designation cancels and supersedes any previous beneficiary designation I have made with respect to benefits payable under this Plan. I understand that if I am married and designating a person other than my spouse to receive all or any portion of my benefits, such designation will only be effective if my spouse consents thereto by completing the "Spousal Consent" section below. If the "Spousal Consent" section is not completed, either I have named my spouse as my sole Primary Beneficiary below or I am not married.

### Beneficiary Information

#### Primary Beneficiary

Full Name	Social Security Number	Relationship	Birth Date	Proportion
				.00%
				.00%
				.00%
				.00%

#### Contingent Beneficiary

Full Name	Social Security Number	Relationship	Birth Date	Proportion
				.00%
				.00%
				.00%
				.00%

### Spousal Consent (If you are married and do not name your spouse as the sole Primary Beneficiary, this section must be completed by your spouse in order for the Beneficiary Designation to be valid.)

I have read this form and I consent to the above beneficiary designation. I understand that (1) the effect of such a designation is to cause the death benefit under this Plan to be paid to the beneficiary(ies) named instead of me; (2) the designation will not be valid unless I consent to it; and (3) my consent is irrevocable so long as the above designation remains in effect.

Signature of Participant's Spouse \_\_\_\_\_ Date \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ to me known and known to me to be the individual in and who executed this foregoing instrument, and he/she acknowledged to me that he/she executed the same.

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

**NOTARY SEAL**

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

### Participant Signature

Signature _____	Date _____
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**Return original form to:**    **Voya Financial**  
**Attn: The Bank of New York Mellon Corporation 401(k) Savings Plan**  
**Regular Mail:**    PO Box 24747, Jacksonville, FL 32241-4747  
**Overnight Mail:**    8900 Prominence Parkway, Jacksonville, FL 32256-8264