

Employee Documentation

Designating your Beneficiaries

BMO/HARRIS EMPLOYEES' 401(k) SAVINGS PLAN BENEFICIARY DESIGNATION FORM				
<p>I understand that if I am married at the date of my death, my surviving spouse will be my designated beneficiary. I further understand that if I designate a beneficiary other than my spouse, such designation shall not be valid unless my spouse consents to my designation of another beneficiary by completing the spousal consent on page 2 of this form.</p> <p>In the event none of the persons named as beneficiary survives me, my benefits shall be paid to my estate.</p> <p>I designate the following beneficiary(ies) to receive any benefits payable upon my death, subject to the terms of the Bank of Montreal/Harris Employees' 401(k) Savings Plan.</p>				
GENERAL INFORMATION				
Employee Name				
Employee ID Number (EIN)		Last 4 digits of SSN		
Work Phone #		Work Location		
Home Address		City		
State	ZIP	OFFICE USE ONLY Date Received <small>Mo. Day Yr</small>		
Reason for Completing this form (check one) <input type="checkbox"/> Initial Beneficiary Designation <input type="checkbox"/> Change in Beneficiary Designation				
BENEFICIARY INFORMATION				
Name	Address	Relationship	Social Security #	Date of Birth
1.				
2.				
3.				
INSTRUCTIONS: (Check one) <input type="checkbox"/> Distribute my benefits equally to the beneficiary(ies) named above who are living at my death. <input type="checkbox"/> Distribute my benefits to the first beneficiary who is living at my death in the order named above. For example, if beneficiary #1 is not living, distribute my benefits to beneficiary #2, etc. <input type="checkbox"/> Special instruction: _____ _____				
Employee Signature		Date		

RETURN COMPLETED FORM TO: HR Retirement Team
Via regular mail – Aon Hewitt - HR Retirement Team
 4 Overlook Point, PO BOX 1556, Lincolnshire IL 60069-1556

OR FAX TO: 1-847-554-1438



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SPOUSAL CONSENT

If you are married and have designated someone other than (or in addition to) your spouse as primary beneficiary, you must have your spouse sign the consent below. Otherwise, the Beneficiary Designation is not valid.

Employee Name

Last 4 digits of SSN

I certify that I am the spouse of the above named participant and that I consent to the selection of beneficiaries listed on this form. I acknowledge that by my consent, any benefits I may receive are expressly limited by the election of beneficiaries listed on this form.

Name of Participant's Spouse

Social Security Number

Spouse's Signature

Date

Signature of Notary Public

Date

If you have questions, please call ACCESSBenefits at 1-800-738-2323. Service Representatives are available from 9 a.m. to 9 p.m. Eastern Time, Monday through Friday, excluding holidays.