TRANSAMERICA®

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Beneficiary Designation

INSTRUCTIONS — LEVEL 3

To designate a beneficiary or to change your existing beneficiary designation on your plan, complete all applicable sections of this form, obtain any required signatures, and return it to Transamerica at 6400 C Street SW, Cedar Rapids, IA 52499 or fax to 866-835-8863. If you have any questions regarding this form, please contact us at 800-755-5801.

PLAN SPONSOR INFORMATION

Plan Name	Retirement Plan of Saratoga Hospital				
Contract/Account No.	TT069473	Affiliate No.	00001	Division No.	

PERSONAL INFORMATION

Social Security No.		Date of Birth (mm/dd/yyyy)			
First Name/Middle Initial		Last Name			
Mailing Address					
City		State		Zip Code	
Phone No.		Ext.			
E-mail Address					

MARITAL STATUS

Complete this section to confirm or change your marital status on file for this plan.

Marital Status [ ] Married [ ] Single/Divorced

Please note that for purposes of indicating your marital status under the plan, both the IRS and DOL have indicated that a domestic partnership or a civil union would be considered 'single'.

PRIMARY BENEFICIARY DESIGNATION - WILL RECEIVE BENEFITS IN THE EVENT OF YOUR DEATH

This designation will apply to the account number above. You must designate a specific percentage for each beneficiary. Shares must be whole percentages and total 100%. If you do not indicate shares, benefits will be split equally among surviving beneficiaries. If the named beneficiary is a trust, please specify the name and date of the trust under Entity Name and also provide the name of the Trustee.

Note: Share of benefits must total 100% for primary beneficiaries. If additional space is needed to designate multiple beneficiaries, complete the Supplemental Beneficiary Designation page.

Type of Beneficiary Designation [ ] Individual [ ] Entity

Share of Benefits _____ % (whole percentages only) Relationship _____

Social Security No. _____ Date of Birth (mm/dd/yyyy) _____

First Name/Middle Initial _____ Last Name _____

Entity Name _____

Trustee/Executor _____

Entity Tax ID _____ Effective Date _____

Mailing Address _____

City _____ State _____ Zip Code _____

PRIMARY BENEFICIARY DESIGNATION (CONTINUED)

Type of Beneficiary Designation [ ] Individual [ ] Entity

Share of Benefits _____ % (whole percentages only) Relationship _____

Social Security No. _____ Date of Birth (mm/dd/yyyy) _____

First Name/Middle Initial _____ Last Name _____

Entity Name _____

Trustee/Executor _____

Entity Tax ID _____ Effective Date _____

Mailing Address _____

City _____ State _____ Zip Code _____

CONTINGENT BENEFICIARY - WILL RECEIVE BENEFITS IF NO PRIMARY BENEFICIARY IS LIVING AT THE TIME OF YOUR DEATH

Note: Share of benefits must total 100% for contingent beneficiaries. If additional space is needed to designate multiple beneficiaries, complete the Supplemental Beneficiary Designation page.

Type of Beneficiary Designation [ ] Individual [ ] Entity

Share of Benefits _____ % (whole percentages only) Relationship _____

Social Security No. _____ Date of Birth (mm/dd/yyyy) _____

First Name/Middle Initial _____ Last Name _____

Entity Name _____

Trustee/Executor _____

Entity Tax ID _____ Effective Date _____

Mailing Address _____

City _____ State _____ Zip Code _____

CONTINGENT BENEFICIARY DESIGNATION (CONTINUED)

Type of Beneficiary Designation [ ] Individual [ ] Entity

Share of Benefits _____ % (whole percentages only) Relationship _____

Social Security No. _____ Date of Birth (mm/dd/yyyy) _____

First Name/Middle Initial _____ Last Name _____

Entity Name _____

Trustee/Executor _____

Entity Tax ID _____ Effective Date _____

Mailing Address _____

City _____ State _____ Zip Code _____

SPOUSAL CONSENT (IF SPOUSE IS NOT 100% PRIMARY BENEFICIARY)

I consent to my spouse's designation of the beneficiary. I understand that this means all or a portion of my spouse's death benefit will be paid to the beneficiary(ies) named in this designation other than me. I further understand that this beneficiary designation is not valid without my consent, and that my consent would be needed again if my spouse wishes to change this beneficiary designation.

X_____ **X**_____

Spouse Signature Date

WITNESSED

X_____ **X**_____

Notary Public Signature and Stamp/Seal Date

PARTICIPANT SIGNATURE

I hereby warrant that all of the statements and information contained in this request/form (including my current marital status)are true in all respects. I understand that if I have made any false or misleading statements in this request that such statements could result in significant tax consequences and/or other monetary damages to the Plan, my Plan Sponsor and Transamerica. Moreover, I hereby agree to indemnify and hold (a) the Plan, (b) Transamerica, and (c) my Plan Sponsor harmless from any tax consequences and/or other monetary damages that may result in whole or in part from my false and misleading statements I certify that the information provided on this form is correct and complete.

X_____ **X**_____

Participant Signature Date

X _____ **X**_____

Print Name Social Security Number

APPROVAL

This beneficiary designation request is subject to approval by Transamerica.

Supplemental Beneficiary Designations

Social Security No.

First Name/Middle Initial

Last Name

Note: Share of benefits must total 100% for primary beneficiaries *(will receive benefits in the event of your death)* **AND *100% for contingent beneficiaries*** (*will receive benefits if no primary beneficiary is living at the time of your death).*

[ ] Primary Beneficiary [ ] Contingent Beneficiary

Type of Beneficiary Designation [ ] Individual [ ] Entity

Share of Benefits % (whole percentages only) Relationship

Social Security No. Date of Birth (mm/dd/yyyy)

First Name/Middle Initial Last Name

Entity Name

Trustee/Executor

Entity Tax ID Effective Date

Mailing Address

City State Zip Code

[ ] Primary Beneficiary [ ] Contingent Beneficiary

Type of Beneficiary Designation [ ] Individual [ ] Entity

Share of Benefits % (whole percentages only) Relationship

Social Security No. Date of Birth (mm/dd/yyyy)

First Name/Middle Initial Last Name

Entity Name

Trustee/Executor

Entity Tax ID Effective Date

Mailing Address

City State Zip Code