

AMG Employee Stock Ownership Plan (ESOP)
BENEFICIARY DESIGNATION FORM 6.2021



This form allows you to designate the beneficiary(ies) who will receive your Employee Stock Ownership Plan (ESOP) assets in the event you die with balances remaining in your Plan account(s). This form does not become effective until it is filed with the Plan Administrator. This designation revokes any prior beneficiary designations for this Plan.

Part 1: Your Information

Name (Last)		Name (First)		Name (MI)	Social Security Number
Address			City	State	ZIP
Date of Hire	Date of Birth	Marital Status	Personal Email Address (if available)		

Part 2: Beneficiary Designation

Name your beneficiary(ies) and the percent you would like to make payable to each. Percentages must total 100% in each beneficiary category (primary and secondary). If the percentages do not total 100%, any remaining portion will be divided equally among the surviving beneficiary(ies) in the relevant category. If no percentages are indicated, the beneficiaries will share equally. Generally, a beneficiary can be an individual, your estate, or a trust. You may add additional Primary and/or Secondary Beneficiaries by noting on this page and writing them on an added second page.
 Check here if another page has been added for additional designated Beneficiaries.

The following beneficiary(ies) is entitled to receive the assets of my Plan account(s) in the event of my death.

PRIMARY BENEFICIARIES, if living at death:

Name		Social Security Number	Relationship	Date of Birth
Address	City	State	ZIP	% of Assets (in whole numbers)

Name		Social Security Number	Relationship	Date of Birth
Address	City	State	ZIP	% of Assets (in whole numbers)

PRIMARY TOTAL – 100%

SECONDARY BENEFICIARIES, if no primary beneficiaries are living at my death:

Name		Social Security Number	Relationship	Date of Birth
Address	City	State	ZIP	% of Assets (in whole numbers)

Name		Social Security Number	Relationship	Date of Birth
Address	City	State	ZIP	% of Assets (in whole numbers)

Part 3: Spousal Consent

SECONDARY TOTAL – 100%

If you are married and have not named your spouse to receive 100% of your Plan assets, your spouse must indicate his or her consent by signing this form in the presence of a notary public or Plan representative.

If less than 100% of the Plan assets have been left to me as primary beneficiary, I consent to the beneficiary(ies) indicated in Part 2. In addition, recognizing that I have the right to limit my consent to a specific form of benefits (such as a lump-sum distribution or installment payments over a period of time), I relinquish that right to any form of benefits that may be elected under the Plan.

Spouse's Signature: _____ Date: _____

Plan Representative's Signature: _____ Date: _____

or Notary Public's Signature: _____ Date: _____ Date Commission Expires: _____

Part 4: Participant's Authorization The Plan participant's signature is required.

Participant's Signature: _____ Date: _____