If you have any questions while completing this form, you may contact a Vanguard Participant Services associate Monday through Friday, between 8:30 a.m. and 9 p.m. Eastern time at **800-523-1188**.

Beneficiary Designation

Vanguard

The Animation Guild 401(k) Plan

Plan # 094523

It is important to name a beneficiary. If you don't, your assets may be distributed based on rules that do not reflect your intentions. Additionally, your designation usually supersedes any other instructions, such as those in your will.

If you prefer, you can designate your beneficiaries online at vanguard.com. The online process is faster than via mail, and it's easy and secure. If you use this form, this designation will apply to the plan listed above.

Complete Sections I, II, III and IV. Only if applicable, complete Section V.

I. Personal Information

First Name | Middle Name | Last Name

Social Security Number | Residential Zip Code | Contact Phone #

II. Current Marital Status *Check one.*

☐ Married
I understand that if I do not name my spouse as my sole primary beneficiary in Section III, my spouse must consent to my chosen beneficiary(ies) in the presence of a notary public and complete Section V.

☐ Unmarried
I understand that if I marry in the future, my spouse will be my primary beneficiary, unless I complete a new Beneficiary Designation and my spouse consents to a different beneficiary in the presence of a notary public.

III. Beneficiary Designation

The percentage of distribution upon your death for all primary beneficiaries must equal 100%; likewise, for secondary beneficiaries. If you need more space to list additional beneficiaries, photocopy the applicable pages or provide all the information requested on a separate sheet.

If any of your primary beneficiaries is deceased at the time of your death, his or her portion of your assets will be divided proportionately among your surviving primary beneficiaries, if any. Your secondary beneficiary(ies) will inherit your assets only if you have no surviving primary beneficiaries at the time of your death.

Primary Beneficiaries

Beneficiary Type *Choose all that apply.*

☐ Spouse — Requires last 4 digits of SSN or address

☐ Individual(s) — Requires last 4 digits of SSN or address

☐ Trust(s)
- ◯ To the trustee of an existing trust created under agreement
- ◯ To the trustee of a trust created under my last will

Section of Will

☐ My Estate — No additional information required

☐ Charity/Entity — Requires Tax Identification Number (TIN) Charity/Entity Address is optional

Complete all applicable fields below.

1) Full Name (First, Middle, Last), Trust or Charity/Entity Name | Relationship to me | Birth or Trust Date (MM/DD/YYYY) | Percent %

Last 4 Digits of SSN or 9 Digit Tax Identification Number required

Street or P.O. Box

City, State, Zip | Country (if not U.S.)

2) Full Name (First, Middle, Last), Trust or Charity/Entity Name | Relationship to me | Birth or Trust Date (MM/DD/YYYY) | Percent %

Last 4 Digits of SSN or 9 Digit Tax Identification Number required

Street or P.O. Box

City, State, Zip | Country (if not U.S.)

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Primary Beneficiaries (Continued)

3) Full Name (First, Middle, Last), Trust or Charity/Entity Name | Relationship to me | Birth or Trust Date (MM/DD/YYYY) | Percent %

Last 4 Digits of SSN or 9 Digit Tax Identification Number required

Street or P.O. Box

City, State, Zip | Country (if not U.S.)

Total **100%** < *Percentages must total 100%.*

Secondary Beneficiaries

Secondary beneficiaries receive distributions only if no primary beneficiaries survive you.

Beneficiary Type *Choose all that apply.*

- ☐ Spouse — Requires last 4 digits of SSN or address
- ☐ Individual(s) — Requires last 4 digits of SSN or address
- ☐ Trust(s)
  - ◯ To the trustee of an existing trust created under agreement
  - ◯ To the trustee of a trust created under my last will
- ☐ My Estate — No additional information required
- ☐ Charity/Entity — Requires Tax Identification Number (TIN) Charity/Entity Address is optional

Section of Will

Complete all applicable fields below.

1) Full Name (First, Middle, Last), Trust or Charity/Entity Name | Relationship to me | Birth or Trust Date (MM/DD/YYYY) | Percent %

Last 4 Digits of SSN or 9 Digit Tax Identification Number required

Street or P.O. Box

City, State, Zip | Country (if not U.S.)

2) Full Name (First, Middle, Last), Trust or Charity/Entity Name | Relationship to me | Birth or Trust Date (MM/DD/YYYY) | Percent %

Last 4 Digits of SSN or 9 Digit Tax Identification Number required

Street or P.O. Box

City, State, Zip | Country (if not U.S.)

3) Full Name (First, Middle, Last), Trust or Charity/Entity Name | Relationship to me | Birth or Trust Date (MM/DD/YYYY) | Percent %

Last 4 Digits of SSN or 9 Digit Tax Identification Number required

Street or P.O. Box

City, State, Zip | Country (if not U.S.)

Total **100%** < *Percentages must total 100%.*

IV. Authorization

Please be aware that it may take up to 10 business days to update your account after Vanguard receives this form.

This designation will completely replace any prior designations for the plan listed at the top of this form. Therefore, it is important that you list all the primary and secondary beneficiaries you want to designate, even if you are only updating information for one beneficiary. This designation becomes effective upon receipt in good order as determined by Vanguard.

Signature of Plan Participant _____ Date (mm/dd/yyyy) _____

V. Spousal Consent *(if applicable)*

Your spouse must consent below if you have designated someone other than your spouse as a primary beneficiary.

I, the undersigned spouse of the Account Owner named in Section I, hereby voluntarily consent to the designation in Section III of a primary beneficiary other than me. I acknowledge that the effect of my consent is to reduce or eliminate my right to receive benefits under the Plan. I understand that I cannot revoke my consent and that my spouse may not change the designation in Section III without my further consent.

Spouse's Name _____ Spouse's Signature _____ Date (mm/dd/yyyy) _____

Notary

I _____ , a notary public, do hereby certify that _____ did personally appear before me and did acknowledge that she/he signed this Spousal Consent as her/his free act and deed. Subscribed and sworn to before me this _____ day of _____ _____ .

Stamp or Seal

Notary Public Signature _____ My commission expires _____

Mailing Instructions

T.A.G. 401(k) Plan
1105 N. Hollywood Way
Burbank, CA 91505
FAX: 818-843-0300