



**PART IV: ACKNOWLEDGEMENT**

Unless I have otherwise indicated, each payment made according to this designation shall be paid in equal shares to the primary beneficiary(ies) who survive me. If **no** primary beneficiary survives me, then payment shall be made in equal shares to the contingent beneficiary(ies) who survive me.

This designation shall be effective only if received by Calvert prior to the death of the shareholder, and revokes all prior designations of the beneficiary(ies) made by me with respect to my interest in the plan. I reserve the right to change my beneficiary(ies) by filing another designation with Calvert.

I understand that if I am married, my spouse is the sole designated primary beneficiary. If I choose to designate a primary beneficiary(ies) other than my spouse, I understand that my spouse must complete the consent section found below.

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE

**PART V: SPOUSAL CONSENT**

I hereby consent to the designation on beneficiary election made by my spouse and waive my designation as primary beneficiary. Further, I acknowledge that I understand that: (1) the effect of my consent to this election may be to forfeit benefits I would be entitled to receive; (2) my spouse's designation is not valid unless I consent to it; and (3) I may revoke my consent at any time prior to the death of my spouse or commencement of my benefits from this plan.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT'S SPOUSE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESSED BY PLAN REPRESENTATIVE

\_\_\_\_\_  
DATE

To be completed by a notary public or representative of the Plan:

Sworn before me this day \_\_\_\_\_, in the state of \_\_\_\_\_,

County of \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

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

**PLEASE MAIL TO: CALVERT, PO BOX 219544, KANSAS CITY, MO 64121-9544**