



**Canon Medical Systems USA, Inc. 401(k) Savings Plan
Designation of Beneficiary Letter of Instruction**

Dear Plan Participant:

In response to your request to add or change a beneficiary from your account, enclosed you will find the following documents:

- Designation of Beneficiary Form
- Courtesy reply envelope

Please review all materials carefully, and then:

- Complete the enclosed form
- Keep a copy of the documents for your records
- Return the completed paperwork to:

Regular Mail

T. Rowe Price Retirement Plan Services, Inc.
Special Attn.: Forms Enclosed
P.O. Box 17215
Baltimore, Maryland 21297-1215

Overnight/Express Mail

T. Rowe Price Retirement Plan Services, Inc.
Mail Code: 17215
4515 Painters Mill Road
Owings Mills, Maryland 21117-4903

If you prefer, you can also view, update, and/or add beneficiaries online. To access this service, log on to the T. Rowe Price website at rps.troweprice.com. When you go to the "Profile" link, the beneficiaries are updated in the "Beneficiary Information" section.

If you have any questions, please contact T. Rowe Price at 1-800-922-9945. Representatives are available business days between 7 a.m. and 10 p.m. eastern time. For TDD access, call 1-800-521-0325. You may also access your account by visiting the T. Rowe Price website at rps.troweprice.com, available 24 hours a day.

Sincerely,

T. Rowe Price Retirement Plan Services, Inc.



Participant Information (Please print clearly)

Name _____ Social Security Number _____

Street Address _____

City, State, ZIP Code _____

Daytime Phone Number _____ Evening Phone Number _____ Date of Birth _____

Present Marital Status (Check one)

I hereby certify that I am: ☐ Not Married ☐ Married

Notice of Spouse's Death Benefit

If you are married, your entire vested account in the plan will be paid to your surviving spouse after you die, unless you designate someone else as your primary beneficiary and your spouse consents by completing the Consent of Spouse section of this form. Your spouse's signature must be notarized.

If you become married or marry a different person after you sign this form, be sure to update this form because a later marriage will automatically revoke your prior beneficiary designation.

Beneficiary Designation

I, the undersigned, hereby elect that upon my death the following person(s) shall be my primary and secondary beneficiary(ies) under the plan:

Primary Beneficiary(ies)

_____	_____
Last Name, First, M.I. or Entity Name	Last Name, First, M.I. or Entity Name
_____	_____
Social Security Number or Tax ID Number	Social Security Number or Tax ID Number
_____	_____
Street Address	Street Address
_____	_____
City State ZIP Code	City State ZIP Code
_____	_____
Date of Birth Relationship	Date of Birth Relationship
_____	_____
Percent	Percent

If you name more than one primary beneficiary but do not specify a percentage for each, your account will be divided equally among the primary beneficiaries who survive you.

☐ **Check here if you have more than two primary beneficiaries and have used the additional space provided.**

Secondary Beneficiary(ies)

In the event the primary beneficiary(ies) is/are not living, I designate the following person(s) as my beneficiary(ies):





Last Name, First, M.I. or Entity Name

Last Name, First, M.I. or Entity Name

Social Security Number or Tax ID Number

Social Security Number or Tax ID Number

Street Address

Street Address

City State ZIP Code

City State ZIP Code

Date of Birth Relationship

Date of Birth Relationship

Percent

Percent

If you name more than one secondary beneficiary but do not specify a percentage for each, your account will be divided equally among the secondary beneficiaries who survive you.

☐ **Check here if you have more than two secondary beneficiaries and have used the additional space provided.**

Participant's Signature

Any election I have made on this form revokes all prior designations with respect to this Plan.

Date

Participant's Signature

Consent of Spouse

I, _____, am the spouse of the Participant named on this form. I understand that I have the right to receive my spouse's entire vested account in the plan after my spouse dies. I hereby waive that right and permit my spouse's plan account to be paid to the beneficiary(ies) designated by my spouse on this form. However, I do not consent to any changes in the beneficiary(ies) unless I agree to the change. By signing this consent, I understand that I will receive no benefits from the plan after my spouse dies unless I am designated as a primary beneficiary on this form. I understand that I do not have to sign this consent but do so voluntarily. I also understand that I cannot revoke my consent to the beneficiary(ies) designated on this form.

Date

Spouse's Signature (must be notarized)

Notarization of Spouse's Signature

State of _____

County of (or City of) _____

Sworn to before me this _____ day of _____, _____

(Notary Seal)

Date

Signature of Notary Public

My Commission Expires

Name of Notary Public





Additional Beneficiaries

Additional Primary Beneficiary(ies)

<hr/>		
Last Name, First, M.I. or Entity Name		
<hr/>		
Social Security Number or Tax ID Number		
<hr/>		
Street Address		
<hr/>		
City	State	ZIP Code
<hr/>	<hr/>	<hr/>
Date of Birth	Relationship	
<hr/>	<hr/>	
Percent		
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<hr/>		
Last Name, First, M.I. or Entity Name		
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Social Security Number or Tax ID Number		
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Street Address		
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City	State	ZIP Code
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Date of Birth	Relationship	
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Percent		
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Additional Secondary Beneficiary(ies)

<hr/>		
Last Name, First, M.I. or Entity Name		
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Social Security Number or Tax ID Number		
<hr/>		
Street Address		
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City	State	ZIP Code
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