WALMART 401(k) PLAN





This form is used if you are NOT MARRIED or if you ARE MARRIED and wish for your SURVIVING SPOUSE to receive 100% of your 401(k) plan accounts upon your death. If you are married and wish for only PART or NONE of your 401(k) accounts to be paid to your surviving spouse upon your death, you MUST COMPLETE a separate ALTERNATE BENEFICIARY FORM FOR MARRIED PARTICIPANTS (FORM B) and your spouse must CONSENT in writing. A person is your spouse if you have a legal marriage with the person. Your spouse may be a same-sex spouse or an opposite-sex spouse.

Step 1	Store #			
	Associate's Name		Associate's Social Security #	
	Spouse's Name		Spouse Social Security #	
Step 2	401(k) plan a L AM married, upon my deaf listed below a	I am NOT married, and I designate the person(s) listed below as beneficiary(ies) of my 401(k) plan accounts upon my death in the percentage(s) listed below. I AM married, and my surviving spouse will receive 100% of my 401(k) plan accounts upon my death. If my SPOUSE is DECEASED before I am, I designate the person(s) listed below as beneficiary(ies) of my 401(k) plan accounts upon my death in the percentages listed below.		
Name:			Name:	
Address: _			Address:	
City, State,	, Zip		City, State, Zip	
Relationshi	ip		Relationship	
Soc. Sec. #	#	:	Soc. Sec. #	
If minor, lis	st birthdate:		If minor, list birthdate:	
	Percentage of my account:	%	Percentage of my account:	%
Name:			Name:	
Address: _			Address:	
City, State,	, Zip		City, State, Zip	
Relationshi	ip		Relationship	
	#	:	Soc. Sec. #	
Soc. Sec. #	<u> </u>			
	st birthdate:		If minor, list birthdate:	

MUST ADD UP TO 100%. Name: ___ Name: Address: ___ Address: ___ City, State, Zip ___ City, State, Zip ___ Relationship ____ Relationship ____ Soc. Sec. # Soc. Sec. # ___ If minor, list birthdate: ____ If minor, list birthdate: ____ Percentage of my account:_____ Percentage of my account: ____ Name: ___ Name: ___ Address: ___ City, State, Zip ___ City, State, Zip___ Relationship ____ Relationship ____ Soc. Sec. # ___ Soc. Sec. # ___ If minor, list birthdate: ____ If minor, list birthdate: _____ Percentage of my account:_____ Percentage of my account: This Beneficiary Designation revokes any prior Beneficiary Designation forms for your 401(k) plan accounts. If you are married and you and your spouse later divorce, this Beneficiary Designation will no longer be effective and you must complete a new Beneficiary Designation form. If you are single and later marry, this Beneficiary Designation will no longer be effective and you must complete a new Beneficiary Designation form. DATED this _____ day of ____ (month), 20____. Step 4 1. **WITNESS** Signature of ASSOCIATE (Witness should NOT be a person listed on this form or a relative)

If my spouse and none of the persons I have designated on the front is living when my 401(k) plan

accounts are paid after my death, I designate the person(s) listed below as beneficiary(ies) of my 401(k) plan accounts upon my death in the percentage(s) listed below. **THE PERCENTAGES**

Filing Instructions:

Step 3

This Beneficiary Designation is not valid unless you follow these filing instructions. You must return this completed Beneficiary Designation form, signed and dated by a WITNESS and by you, to your supervisor. Your supervisor will put the completed form in your personnel file.

To insure Plan records reflect your wishes, you must return the form prior to your death. Forms delivered by your family members or friends after your death (even if signed by you) cannot be recognized by the Plan as a valid election.

If you have questions you may call: 1-800-421-1362.

IMPORTANT: Keep a copy of this Beneficiary Designation form for your records. A record of this Beneficiary Designation will not be available online. The most recent beneficiary form will be used upon your death.

This form will not be valid if filed after your death.