

ALTERNATE BENEFICIARY FORM FOR MARRIED PARTICIPANTS FORM B

Note: Use this form if you are **married** and **DO NOT** wish for 100% of your 401(k) plan accounts to be paid to your spouse.

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.

You and your spouse must sign the back of this Form B in the presence of a notary public.

Associate's Name _____ Location # _____

Associate's Social Security # _____

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. (Note: The percentages below MUST add up to 100%.)

PRIMARY BENEFICIARY

Name: _____ Address: _____ City, State, Zip _____ Relationship _____ Soc. Sec. # _____ Birthdate: _____ Percentage of my account: _____ %	Name: _____ Address: _____ City, State, Zip _____ Relationship _____ Soc. Sec. # _____ Birthdate: _____ Percentage of my account: _____ %
Name: _____ Address: _____ City, State, Zip _____ Relationship _____ Soc. Sec. # _____ Birthdate: _____ Percentage of my account: _____ %	Name: _____ Address: _____ City, State, Zip _____ Relationship _____ Soc. Sec. # _____ Birthdate: _____ Percentage of my account: _____ %

If NONE of the persons designated above is living when benefits 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 percentages listed below. (Note: The percentages below MUST add up to 100%.)

SECONDARY BENEFICIARY

Name: _____ Address: _____ City, State, Zip _____ Relationship _____ Soc. Sec. # _____ Birthdate: _____ Percentage of my account: _____ %	Name: _____ Address: _____ City, State, Zip _____ Relationship _____ Soc. Sec. # _____ Birthdate: _____ Percentage of my account: _____ %
Name: _____ Address: _____ City, State, Zip _____ Relationship _____ Soc. Sec. # _____ Birthdate: _____ Percentage of my account: _____ %	Name: _____ Address: _____ City, State, Zip _____ Relationship _____ Soc. Sec. # _____ Birthdate: _____ Percentage of my account: _____ %

The Beneficiary Designation I have made on the front of this Form B is valid only if my spouse consents below in the presence of a notary public. This Beneficiary Designation revokes any prior Beneficiary Designation for my 401(k) accounts.

DATED this _____ day of _____ (month), 20_____.

1. _____

WITNESS

(Witness should NOT be a person listed on this form or a relative)

2. _____

Signature of ASSOCIATE

CONSENT OF SPOUSE

I agree to the Beneficiary Designation made by my spouse on the front of this Form B that has been signed by my spouse above and witnessed. I understand that by this consent, I am giving up rights to receive these benefits in the event that I survive my spouse.

Spouse's Signature

STATE OF)
) SS.
COUNTY OF)

BEFORE ME, a Notary Public, in and for said County and State, on this _____ day of _____ (month), 20____, personally appeared _____, and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed.

WITNESS my hand and official seal the day and year last above written.

Notary Public

My commission expires:

(Seal)

Filing Instructions: This Beneficiary Designation is not valid unless you follow these filing instructions. You must return this completed Beneficiary Designation form, signed and dated as required above, to:

Walmart Stores, Inc.
Financial Benefits Department
508 S.W. 8th Street
Bentonville, Arkansas 72716-0295

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 designation form will be used upon your death.

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