

DESIGNATION OF BENEFICIARY FORM

Plan Name: DriveTime 401(k) Plan
Social Security Number _____ - _____ - _____

Plan Number: 83096

Participant Information

Note: Instructions to complete this form are attached at the end of this form.

Name: _____
 Last First Middle Initial

Address: _____
 Street

_____ City State Zip

Marital Status: Single Married

Primary Beneficiary

I understand that if I am married, my spouse shall automatically be my designated Beneficiary unless I elect otherwise and my spouse consents to such election. I hereby designate the following person or persons as primary Beneficiaries of my Account under the Plan payable in the event of my death.

Name: _____
 Social Security Number: _____
 Address: _____

 Date of Birth: _____
 Relationship to Participant: _____
 Percentage: _____

Name: _____
 Social Security Number: _____
 Address: _____

 Date of Birth: _____
 Relationship to Participant: _____
 Percentage: _____

The total of the percentages cannot exceed 100%. When more than one Beneficiary is designated, and no percentage is specified, payment will be made in equal shares to each surviving Beneficiary, or all to the last surviving Beneficiary.

Contingent Beneficiary

In the event that there is no living primary Beneficiary at my death, I hereby designate the following person or persons as contingent Beneficiaries of my Account:

Name: _____
 Social Security Number: _____
 Address: _____

 Date of Birth: _____
 Relationship to Participant: _____
 Percentage: _____

Name: _____
 Social Security Number: _____
 Address: _____

 Date of Birth: _____
 Relationship to Participant: _____
 Percentage: _____

The total of the percentages cannot exceed 100%. When more than one Beneficiary is designated, and no percentage is specified, payment will be made in equal shares to each surviving Beneficiary, or all to the last surviving Beneficiary.

Participant Signature

I reserve the right to revoke or change any Beneficiary designation. I hereby revoke all my prior designations (if any) of primary and contingent Beneficiaries.

PARTICIPANT _____ **DATE** _____

Married Participants please see below:

If you are married and your spouse is not your Designated Primary Beneficiary, then this Designation of Beneficiary is invalid without the consent of your spouse unless your spouse waived the right to consent to any change in the beneficiary designation under a prior beneficiary designation. Please see the following page of this form for the Consent of Spouse section. Please note, your spouse's consent must be witnessed by a Plan Representative or a Notary Public.

Please return this form to the Plan Administrator after you have completed it.

Employer Authorization

Only an authorized signer of the Employer as designated in the Plan's Service Agreement may sign below as the Plan Administrator.

As Plan Administrator I hereby acknowledge receipt of this form.

PLAN ADMINISTRATOR
PRINT NAME* _____

PLAN ADMINISTRATOR
SIGNATURE (must be an authorized signer)* _____ **DATE** _____

* Note: The Plan Administrator should both print and sign his/her name in the spaces given.

The Plan Administrator will maintain possession of this form.

Consent of Spouse

I acknowledge that I am the spouse of the Participant named on the reverse side of this form. I hereby certify that I have read this Designation of Beneficiary Form and understand that I possess a beneficial interest in my spouse's Account under the Plan if I survive him/her. I hereby acknowledge and consent to the Designation of Beneficiary on the reverse side of this form. My consent shall be irrevocable unless my spouse subsequently changes the Designation of Beneficiary. If my spouse changes the designation, {Choose (a) or (b)}:

- (a) I understand I must sign a new consent to the new designation for it to be effective.
- (b) I waive my right to consent to any future change in designation. I understand I have the right to restrict my consent only to the Beneficiary (ies) designated on the reverse side of this form by checking box (a).

I have executed this consent this _____ day of _____, _____.

Signature of Participant's Spouse
(Must be witnessed by a Plan Representative or a Notary Public)

Plan Representation

Signature of spouse witnessed this _____ day of _____, _____, in the presence of:

Plan Representative

(Print Name)

OR

Notary Public

STATE OF _____
(ss.)
COUNTY OF _____

On this _____ day of _____, _____, before me appeared _____ who acknowledged herself or himself to be the person who executed the consent set forth above and acknowledged the consent to be his or her free act and deed.

Notary Public

My Commission Expires: _____

Please return this form to the Plan Administrator after you have completed it.

