

**Cox Enterprises, Inc.  
Cox Communications, Inc.**  
401 (k) Savings Plan

VISTA #  (090535) Cox Enterprises, Inc.  
 (092415) Cox Communications, Inc.

Please  
Choose  
Just One

**Beneficiary Designation**

**A. Account Information**

Social Security # --  
Daytime Phone # --  
Name (Last, First, MI)   
Address   
City  State  Zip

**B. Beneficiary Information**

Please indicate the percentage of your balance to be allocated to each beneficiary. You must use whole percentages. If you are married and naming someone other than your spouse, you must complete section C and D. The benefit will be payable to your primary beneficiary(ies) if living. Benefits will be paid to your secondary beneficiary(ies) only if your primary beneficiary(ies) is not living. I understand that any beneficiary designations I have made before under this plan are now void.

**Primary Beneficiary(ies)**

**Secondary Beneficiary(ies)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, ST, ZIP \_\_\_\_\_  
Social Security # --  
Percentage \_\_\_\_\_ % Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Relationship \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, ST, ZIP \_\_\_\_\_  
Social Security # --  
Percentage \_\_\_\_\_ % Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Relationship \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, ST, ZIP \_\_\_\_\_  
Social Security # --  
Percentage \_\_\_\_\_ % Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, ST, ZIP \_\_\_\_\_  
Social Security # --  
Percentage \_\_\_\_\_ % Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Relationship \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, ST, ZIP \_\_\_\_\_  
Social Security # --  
Percentage \_\_\_\_\_ % Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Relationship \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, ST, ZIP \_\_\_\_\_  
Social Security # --  
Percentage \_\_\_\_\_ % Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Relationship \_\_\_\_\_

Note: Under the Plan, if you are married your 100% primary beneficiary is your spouse unless your spouse executes the notarized consent below. Please refer to your employee handbook for further details. Attach a separate sheet for additional beneficiaries.

**C. Spousal Consent (If applicable): Notary Required**

I voluntarily waive my legal rights to be my spouse's sole primary beneficiary under this plan. I understand that upon my spouse's death, any benefits will be payable to the beneficiary(ies) on this form, instead of being paid to me.

Name \_\_\_\_\_  
Social Security # -- Date of birth (mm/dd/yyyy) --

Signature \_\_\_\_\_ Date \_\_\_\_\_

The foregoing "Spousal Consent" was acknowledged before me.

Stamp  
Seal

Notary Public \_\_\_\_\_ Date \_\_\_\_\_

**D. Authorization**

- I am not married.
- I am married. My spouse is my primary beneficiary.
- I am married. My spouse is not my primary beneficiary and has signed the consent form above in the presence of a Notary.
- I am married. My spouse is not my primary beneficiary and has not signed the consent form. You **MUST** complete one of the following:
  - My Spouse cannot be located (please attach a sworn statement witnessed by a Notary Public describing your circumstances, or a copy of a certified court document).
  - My Spouse is legally incompetent (please attach a copy of a certified court document: Guardian signature required in Section C).
  - I am legally separated from my spouse (please attach a copy of a court order).
  - My spouse has abandoned me (please attach a copy of a court order).

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

To mail beneficiary updates:  
Vanguard Group  
P.O. Box 1101  
Valley Forge, PA 19482

At bottom of envelope write:  
Plan # 090535, Cox Enterprises, Inc.