



# BENEFICIARY DESIGNATION FORM

for Texas Instruments Incorporated

## A. ABOUT YOU

Please print clearly in **CAPITAL LETTERS**, using only **blue** or **black** ink. **Do not use correction fluid.** If you need to change information that you entered, you will need to complete a new form.

Social Security #: --

Date of Birth: --  
MM DD YYYY

Participant Name (First, MI, Last):

Participant Address:

City:  State:  Zip: -

You must check either single or married:  Single  Married

The DC TI 401(k) Savings Plans and the DC TI Deferred Compensation Plan require a married participant to name his or her spouse as the sole primary beneficiary of any qualified savings plan benefits, unless the spouse consents in writing (Section B) to another beneficiary designation (Section E and/or F) and this consent is witnessed by a notary public. You are not required to obtain spousal consent for your health and welfare plans.

## B. YOUR SPOUSE'S CONSENT

I hereby consent to the beneficiary designation(s) on this form and acknowledge that (1) I am entitled to this benefit; (2) the effect of such designation is to cause my spouse's benefit, or a portion of it, to be paid to primary beneficiary other than me; (3) no beneficiary designation is valid unless I consent to it; and (4) my consent is irrevocable unless my spouse changes or revokes the beneficiary designation. My consent is being given voluntarily and no undue influence or coercion has been exercised in connection with my decision to consent.

Spouse's Signature:

Today's Date: --  
MM DD YYYY

To be completed by a Notary Public:

Sworn before me this day \_\_\_\_\_

In the State of \_\_\_\_\_ County of \_\_\_\_\_

Notary Public signature:

My commission expires: \_\_\_\_\_

*Notary stamp must be in the box above*

## C. YOUR AUTHORIZATION AND DATE

I reserve the right to revoke or change any beneficiary designation. I hereby revoke all my previous designations made (if any) of primary and contingent beneficiaries.

Your Signature:   
(Required)

Today's Date: --  
MM DD YYYY

Check here if you are making this designation as agent for the participant under a valid Power of Attorney.

I understand that I may designate more than one primary beneficiary who will share the benefit in accordance with the percentages designated in Section E. If one or more of the primary beneficiaries does not survive me, the benefit will be allocated proportionately among the remaining primary beneficiaries. I may also designate one or more contingent beneficiaries. A contingent beneficiary would receive payment only if all of the primary beneficiaries I named do not survive me. If one or more of the contingent beneficiaries does not survive me, the benefit will be allocated proportionately among the remaining contingent beneficiaries. If no primary or contingent beneficiaries survive me, then the benefit will be distributed according to the plan's rules.

NOTE: If your spouse is not your sole primary beneficiary, this Beneficiary Designation Form is invalid without the consent of your spouse. This note does not apply to any health and welfare plans that may be included on this form.



XXXXXX MP

IBS

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## IMPORTANT INFORMATION

A beneficiary is a person, estate, trust and/or charitable organization named by you, the participant, to receive payment of benefits provided under the named plans in the event of your death.

- **If these sections are not filled out completely, the form will be returned to you.**
- **The beneficiary designations should not include the wording such as "either/or" or "and/or."**
- **Use only whole-number percentages equaling 100%. For example, designations such as 33 1/3 or 33.3 are not acceptable.**

**Naming multiple beneficiaries:** You may designate more than one primary beneficiary who will share the benefit in accordance with the percentages designated in Section F. If one or more of the primary beneficiaries does not survive you, the benefit will be allocated proportionately among the remaining primary beneficiaries. You may also designate one or more contingent beneficiaries. A contingent beneficiary would receive payment only if all the primary beneficiaries you named do not survive you. If one or more of the contingent beneficiaries does not survive you, the benefit will be allocated proportionately among the remaining contingent beneficiaries. If no primary or contingent beneficiaries survive you, then the benefit will be distributed according to the plan's rules. **If you want to name more than three primary or three contingent beneficiaries, photocopy page 4.**

**Naming an estate:** Letters of appointment issued by the court naming the executor or administrator of the estate must be provided when a claim is filed. Please consult your attorney for advice on the effect of this designation. No additional legal documentation is required at this time.

**Naming a trust:** Provide the name, date and tax identification number of the trust (if available) and the name and address of one trustee (see example 3 on page 2). The trust must be established prior to the date this form is submitted. **Do not send a copy of the trust agreement.**

**Naming a charitable organization:** Provide the name of the person to whom correspondence regarding this benefit may be addressed, as well as the name, address, phone number and the tax identification number of the charity (if available).

## D. PLANS

The beneficiary designation(s) made on this form apply to the plans indicated below in which you are enrolled or for which benefits are payable by reason of your death. To name more than three primary or three contingent beneficiaries, photocopy page 4. You will need to complete separate beneficiary designation forms if you check box 2 and want to designate different beneficiaries for different plans.

- I elect that the beneficiary designations shown on this form apply to **all plans listed below** for which I may designate a beneficiary.
- I elect that the beneficiary designations shown on this form apply **ONLY to the plans** I have checked off below.
  - 18949 DC TI 401(k) Savings Plan
  - 18950 DC TI Contribution & 401(k) Savings Plan
  - 18951 DC TI Deferred Compensation Plan
  - ADD HW Accidental Death & Dismemberment
  - BSL (Basic Life Insurance) HW Basic Life Insurance\*
  - RLI (Retiree Life Insurance) HW TPD Life Insurance\*\*
  - 001 DB TI Employees Pension Plan
  - 002 DB TI Employees Pension Plan - Tuscon
  - 003 DB TI Employees Pension Plan - Burr Brown

\* Your Basic Life Insurance designations also apply to your Supplemental Life Insurance.

\*\*Your TPD (Retiree Total and Permanent Disability) Life Insurance designations also apply to your TPD Supplemental Life Insurance.

Please make a copy of this form for you records and return the **original** to the following address:

**TI Benefits Center  
P.O. Box 770003  
Cincinnati, OH 45277-0065**

If you wish to return your forms using overnight mail, please address your package to:  
Fidelity Investments, 100 Crosby Parkway, Mail Zone KC1F, Covington, KY 41015



## F. CONTINGENT BENEFICIARY INFORMATION

You must use whole percentages, and the sum of the percentages must equal 100%. **If you would like to name more than three contingent beneficiaries, please add a separate page to this form, which includes the applicable beneficiary information with your signature and date. DO NOT USE A PHOTOCOPY OF THIS FORM.**

1 First/Trust/Estate/Charity/Name

--

Last/Trustee/Name

--

Street No.

--

Street Name

--

City

--

State

--

Zip

--	--

Beneficiary's Date of Birth or Trust Date

	-		-	
--	---	--	---	--

Beneficiary's SSN/Tax ID

	-		-	
--	---	--	---	--

Check Here if no SSN  
(for foreign citizen)

Beneficiary Type:

Spouse

Trust

Estate/Charity

Individual

Percentage:

--	--	--	--	--	--	--	--	--	--

%

2 First/Trust/Estate/Charity/Name

--

Last/Trustee/Name

--

Street No.

--

Street Name

--

City

--

State

--

Zip

--	--

Beneficiary's Date of Birth or Trust Date

	-		-	
--	---	--	---	--

Beneficiary's SSN/Tax ID

	-		-	
--	---	--	---	--

Check Here if no SSN  
(for foreign citizen)

Beneficiary Type:

Spouse

Trust

Estate/Charity

Individual

Percentage:

--	--	--	--	--	--	--	--	--	--

%

3 First/Trust/Estate/Charity/Name

--

Last/Trustee/Name

--

Street No.

--

Street Name

--

City

--

State

--

Zip

--	--

Beneficiary's Date of Birth or Trust Date

	-		-	
--	---	--	---	--

Beneficiary's SSN/Tax ID

	-		-	
--	---	--	---	--

Check Here if no SSN  
(for foreign citizen)

Beneficiary Type:

Spouse

Trust

Estate/Charity

Individual

Percentage:

--	--	--	--	--	--	--	--	--	--

%

NOTE: Don't forget to sign page 1.

**Contingent Beneficiary Total Percentage: = 100%**

## ADDITIONAL INFORMATION

### TEXAS INSTRUMENTS BENEFICIARY DESIGNATION FORM

**Instructions:** Please print clearly in CAPITAL LETTERS, using only blue or black ink. Do not use correction fluid. If you need to change information that you entered, you will need to complete a new form. If you have any questions, call the TI Benefits Center at 888-660-1411, Monday through Friday (excluding holidays recognized by the New York Stock Exchange), between 8:30 a.m. and 8:30 p.m. Eastern time to speak with a representative.

Mail to the following address:

***TI Benefits Center, P.O. Box 770003, Cincinnati, OH 45277-0088***

If you wish to return your forms using overnight mail, please address your package to:  
Fidelity Investments, 100 Crosby Parkway, Mail Zone KC1F, Covington, KY 41015

#### INFORMATION YOU SHOULD KNOW

***What is a Primary Beneficiary?*** A primary beneficiary is your first choice to receive life insurance proceeds or the value of a retirement account.

***What Is a Contingent Beneficiary?*** A contingent beneficiary is your second choice to receive the life insurance proceeds or the value of a retirement account if the primary beneficiary(ies) is (are) not living at the time of the employee's death. **Do not enter the same names you have entered as primary beneficiary(ies).**

**Note:** If you are not the owner of your life insurance coverage (you have an applicant owner or have assigned your life insurance coverage to another party), you are not allowed to make beneficiary designations for that plan.

# EXAMPLE

## E. PRIMARY BENEFICIARY INFORMATION

You must use whole percentages, and the sum of the percentages must equal 100%. If you would like to name more than three primary beneficiaries, please add a separate page to this form, which includes the applicable beneficiary information *with your signature and date*. DO NOT USE A PHOTOCOPY OF THIS FORM.

### 1 First/Trust/Estate/Charity/Name

J A M E S

Last/Trustee/Name

S M I T H

Street No.

1 2 3

Street Name

M A I N S T R E E T

City

A N Y T O W N

State

S T

Zip

5 4 3 2 1 6 7 8 9

Beneficiary's Date of Birth or Trust Date

0 1 - 0 8 - 1 9 5 4

Beneficiary's SSN/Tax ID

9 8 7 - 6 5 - 4 3 2 1

Check Here if no SSN (for foreign citizen)

Beneficiary Type:

Spouse

Trust

Estate/Charity

Individual

Percentage: 3 3 %

### 2 First/Trust/Estate/Charity/Name

D O E F A M I L Y T R U S T

Last/Trustee/Name

M I C H E L L E D O E

Street No.

5 6

Street Name

F I F T H S T R E E T

City

A N Y W H E R E

State

S T

Zip

1 2 3 4 5 9 8 7 6

Beneficiary's Date of Birth or Trust Date

0 7 - 0 4 - 1 9 9 2

Beneficiary's SSN/Tax ID

1 1 2 - 2 4 - 4 5 5 5

Check Here if no SSN (for foreign citizen)

Beneficiary Type:

Spouse

Trust

Estate/Charity

Individual

Percentage: 3 3 %

### 3 First/Trust/Estate/Charity/Name

E S T A T E O F

Last/Trustee/Name

J O H N S M I T H

Street No.

Street Name

City

State

Zip

Beneficiary's Date of Birth or Trust Date

Beneficiary's SSN/Tax ID

Check Here if no SSN (for foreign citizen)

Beneficiary Type:

Spouse

Trust

Estate/Charity

Individual

Percentage: 3 4 %

**Primary Beneficiary Total Percentage: = 100%**