Plan Name	Quinn Emanuel 401(k) Plan (Partner/Staff)
Plan # _20	

Beneficiary Designation Form

Please read th	he following important information carefully before	completing this form.
 If you die, your legal spouse will receive If you are not married, complete the certain the second sec	e your plan benefit unless you name another primary be rtification in Section 5.	eneficiary and your spouse completes Section 4.
If you complete a Beneficiary Designa	ation Form while you are single and later marry, your efit unless you complete a new Beneficiary Designation	original designations will no longer apply and you
	entitled to your benefit only if all of your primary benefic	
In the event of your death, if you failed	I to designate a beneficiary, the Plan Sponsor will iden	
the Plan.		
Return this form to your Human Resou	eted on the form, you can attach an additional explanati	on.
Participant Identification	•	
	Please Print	
lame: Last	First	Middle Initial
lome Address:		
City	State	Zip
-		·
Social Security Number	Date of Birth MM-DD-YYYY	Home Phone Number
Primary Beneficiary Designation	(S) (You may list additional primary and/or con	tingent beneficiaries on a separate attachment
onsidered my 100% beneficiary (regardle	My balance will be paid according to Plan rules. If I an ess of any other designation I make) <u>unless</u> my spor one beneficiary is listed, the % of benefit must be comp	use completes Section 4 and consents to anot
lame		
Last	First	Middle Initial
lome Address		
Street	City	State Zip
Social Security Number	Date of Birth MM-DD-YYYY % of Ber	nefit Relationship
Social Security Number		
ame		
Last	First	Middle Initial
ome Address		
Street	City	State Zip
	Date of Birth MM-DD-YYYY % of Ber	
Social Security Number	Date of Birth MM-DD-YYYY % of Ber	efit Relationship
ame		
Last	First	Middle Initial
ome Address		
		Middle Initial State Zip
lome Address		
lome Address		State Zip

3. Contingent Beneficiary Designation(s) (This designation applies only if none of my primary beneficiary(ies) are alive at the time I die.)							
Name							
Last	First			Middle Initial			
Home AddressStreet	City		State	Zip			
			Sidle	Ζιμ			
Social Security Number	Date of Birth MM-DD-YYYY	% of Benefit	Relationship				
Name							
Last	First		Γ	/liddle Initial			
Home Address							
Street	City		State	Zip			
Social Security Number	Date of Birth MM-DD-YYYY	% of Benefit	Relationship				
4. Spousal Consent and Witness (Only con	plete this section if spouse is not named as y	our sole primary benefic	iarv)				
By signing below, I consent to my spouse's benef				or the Plan on the death			
of my spouse to the extent that someone other t	han myself has been designated as	a primary benefic	iary, or that I shall or	nly be entitled to partial			
benefits if someone is designated as a primary be consent voluntarily.	eneficiary in addition to me. I under	rstand that I do not	have to sign this cor	isent. I am signing this			
Spouse Signature	Date						
Spouse Name (please print)							
Notary Public:							
Subscribed and sworn to before me this	day of	, 20					
Notary Public	State of			<u> </u>			
Commission Expires							
OR							
Plan Representative's Signature			Date				
5 Particinant's Certification If No Spour		I hereby certify that I am either: 1) not legally married; 2) legally separated; or 3) legally abandoned.					
5. Participant's Certification, If No Spous		(abandanad					
	ed; 2) legally separated; or 3) legally						
I hereby certify that I am either: 1) not legally married	ed; 2) legally separated; or 3) legally						
I hereby certify that I am either: 1) not legally married	ed; 2) legally separated; or 3) legally gally separated or legally abandoned.		Date				

6. Participant's Signature

I have read and understand the instructions to this form and have authorized the above designations. I understand that if my legal spouse changes, I must complete another Beneficiary Designation Form.

Participant's	Signature _
---------------	-------------

_ Date ___

Please make a copy of this form for yourself, then return the original to your Human Resources Department.

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