

P.O. Box 17215
Baltimore, Maryland 21297-1215

4515 Painters Mill Road
Owings Mills, Maryland 21117-4903

**RE: Costco 401(k) Retirement Plan
Designation of Beneficiary Letter of Instruction**

Dear Participant:

In response to your request to add or change a beneficiary in the Plan, enclosed are the following items:

Designation of Beneficiary Form
Courtesy reply envelope (addressed to T. Rowe Price)

Please complete the Designation of Beneficiary Form and return it to:

Regular Mail

T. Rowe Price Retirement Plan Services
Special Attn.: Forms Enclosed
P.O. Box 17215
Baltimore, Maryland 21297-1215

Overnight/Express Mail

T. Rowe Price Retirement Plan Services
Mail Code: 17215
4515 Painters Mill Road
Owings Mills, Maryland 21117-4903

If you have any questions, please contact T. Rowe Price at 1-800-922-9945. Representatives are available Monday through Friday between 7 a.m. and 10 p.m. eastern time. For TDD access, call 1-800-521-0325. You may also access your account by visiting the T. Rowe Price *my*RetirementPlan Web site at rps.troweprice.com, available 24 hours a day.

Sincerely,

T. Rowe Price Retirement Plan Services



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**Costco 401(k) Retirement Plan
Designation of Beneficiary Form**

Participant Information
(Please print clearly)

Name _____	Social Security Number _____
E-mail Address _____	Daytime Phone Number _____

Present Marital Status
(Check one)

Single Married

Notice of Spouse's Death Benefit

If you are married, your entire vested account in the plan will be paid to your surviving spouse after you die, unless you designate someone else as your primary beneficiary and your spouse consents, by completing the Consent of Spouse section of this form. Your spouse's signature must be notarized.

If you become married or marry a different person after you sign this form, be sure to update this form because a later marriage will automatically revoke your prior beneficiary designation.

Note: The spousal consent rules described above do not apply if you are completing this form as a beneficiary or an alternate payee.

Beneficiary Designation

I, the undersigned, hereby elect that upon my death the following person(s) shall be my primary and secondary beneficiary(ies) under the plan:

Primary Beneficiary(ies)

Last Name _____ First _____ M.I. _____ Social Security Number _____ Street Address _____ City _____ State _____ ZIP Code _____ Birth Date _____ Relationship _____ Percent _____	Last Name _____ First _____ M.I. _____ Social Security Number _____ Street Address _____ City _____ State _____ ZIP Code _____ Birth Date _____ Relationship _____ Percent _____
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If you name more than one primary beneficiary but do not specify a percentage for each, your account will be divided equally among the primary beneficiaries who survive you. Check here if you have more than two primary beneficiaries and have used the space on the next page.

Secondary Beneficiary(ies)

In the event the primary beneficiary(ies) is/are not living, I designate the following person(s) as my beneficiary(ies):

Last Name _____ First _____ M.I. _____ Social Security Number _____ Street Address _____ City _____ State _____ ZIP Code _____ Birth Date _____ Relationship _____ Percent _____	Last Name _____ First _____ M.I. _____ Social Security Number _____ Street Address _____ City _____ State _____ ZIP Code _____ Birth Date _____ Relationship _____ Percent _____
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If you name more than one secondary beneficiary but do not specify a percentage for each, your account will be divided equally among the secondary beneficiaries who survive you. Check here if you have more than two secondary beneficiaries and have used the space on the next page.



**Costco 401(k) Retirement Plan
Designation of Beneficiary Form**

**Participant's
Signature**

Any election I have made on this form revokes all prior designations with respect to this Plan.

_____ Date _____ Participant's Signature _____

**Consent of
Spouse**

I, _____, am the spouse of the Participant named on this form. I understand that I have the right to receive my spouse's entire vested account in the plan after my spouse dies. I hereby waive that right and permit my spouse's plan account to be paid to the beneficiary(ies) designated by my spouse on this form. However, I do not consent to any changes in the beneficiary(ies) unless I agree to the change. By signing this consent, I understand that I will receive no benefits from the plan after my spouse dies unless I am designated as a primary beneficiary on this form. I understand that I do not have to sign this consent, but do so voluntarily. I also understand that I cannot revoke my consent to the beneficiary(ies) designated on this form.

_____ Date _____ Spouse's Signature (must be notarized) _____

**Notarization of
Spouse's
Signature**

State of _____ County of (or City of) _____

Sworn to before me this _____ day of _____,

_____ Signature of Notary Public _____ Date _____ **(Notary Seal)**

_____ Name of Notary Public _____ My Commission Expires _____

Additional Beneficiaries

**Additional Primary
Beneficiary(ies)**

Last Name _____ First _____ M.I. _____ Social Security Number _____ Street Address _____ City _____ State _____ ZIP Code _____ Birth Date _____ Relationship _____ Percent _____	Last Name _____ First _____ M.I. _____ Social Security Number _____ Street Address _____ City _____ State _____ ZIP Code _____ Birth Date _____ Relationship _____ Percent _____
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**Additional
Secondary
Beneficiary(ies)**

Last Name _____ First _____ M.I. _____ Social Security Number _____ Street Address _____ City _____ State _____ ZIP Code _____ Birth Date _____ Relationship _____ Percent _____	Last Name _____ First _____ M.I. _____ Social Security Number _____ Street Address _____ City _____ State _____ ZIP Code _____ Birth Date _____ Relationship _____ Percent _____
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