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Employee Full Name:

I hereby designate the person(s) named below as beneficiary(ies) for the vested virtual shares issued to me under the Camunda Virtual Employee Stock Option Plan, revoking any previous beneficiary designation per Section 15.3 of the VSOP Plan Terms.

Primary Beneficiary Designation

****Total Primary Beneficiary Share % must equal 100%***

Beneficiary Name	Percentage	Relationship	Date of birth	Phone Number

Contingent Beneficiary Designation

****Total Contingent Beneficiary Share % must equal 100%***

Beneficiary Name	Percentage	Relationship	Date of birth	Phone Number

Employee Signature:

Date:

* Proceeds are paid to primary surviving beneficiaries as indicated. Proceeds are paid to contingent beneficiaries only when there are no surviving primary beneficiaries.