

DESIGNATION OF BENEFICIARY FORM

1 Participant Information

▶ **Participant Name:** **SSN:**

Marital Status: Single Married Widowed Other: _____

2 Designation of Beneficiary

I have read and understand the rules listed below.

1. The Plan requires that if you are married or have a registered domestic partner (RDP), your surviving spouse/RDP will be your sole primary beneficiary, unless your spouse/RDP waives this right.
2. If you wish to designate a person or persons other than your spouse/RDP or in addition to your spouse/RDP as your sole primary beneficiary, you must obtain the notarized consent of your spouse/RDP in writing on this form by completing Section 2 (the Notary must attach a separate acknowledgement). Failure to obtain your spouse/RDP's consent in these instances will render the designation invalid. Any consent by a spouse/RDP applies only to that spouse/RDP and not any future spouse/RDP. Therefore, if a new marriage or partnership occurs, a new Designation of Beneficiary form should be completed and the new spouse/RDP's consent must be obtained.
3. You are considered married if you are under decree of separate maintenance or decree of legal separation.
4. If the location of your spouse/RDP is unknown, you must attach to this form a notarized statement stating that your spouse/RDP cannot be located.
5. You reserve the right to revoke or change your designation of beneficiary, subject to the other provisions of the Plan.
6. It is your responsibility to keep your Designation of Beneficiary current.
7. If, upon your death, there is no valid designation of beneficiary on file with the Trust Administrator, any payments that are due will be paid in accordance with the Plan Document.
8. To designate additional beneficiaries, attach a separate sheet providing the same information requested below.

Beneficiary Percentage:	%	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary
Name:	SSN:	Date of Birth:	/ /
Phone: ()	Relationship:	Sex:	
Address:			
City:	State:	ZIP:	

Beneficiary Percentage:	%	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary
Name:	SSN:	Date of Birth:	/ /
Phone: ()	Relationship:	Sex:	
Address:			
City:	State:	ZIP:	

▶ **Participant Signature:** **Date:**

3 Spousal/Registered Domestic Partner Consent – Must be Notarized*

I hereby consent to the above beneficiary designation of my spouse/registered domestic partner, a participant of this Plan. I understand that in consenting to the designation of anyone except myself as beneficiary, I am waiving my rights to a survivor benefit that I would legally be entitled to at a later date.

▶ **Spouse/Registered Domestic Partner Signature:** **Date:**

*NOTICE: Please have the notary attach a separate acknowledgement to notarize Spousal/Registered Domestic Partner Signature.

WHEN COMPLETED, PLEASE RETURN THIS FORM TO THE CITY'S HUMAN RESOURCES DEPARTMENT