



BENEFICIARY DESIGNATION FORM - PAGE 1 OF 2

- 1) Use this form to designate beneficiaries for your employer-sponsored retirement plan with ICMA-RC.
- 2) You only need to complete this form if your beneficiary designation requires spousal consent. Otherwise, you may update your beneficiary information quickly and securely via Account Access at www.icmarc.org.
 - Spousal Consent – If you are married and do not designate your spouse as primary beneficiary for your account, your spouse may be required to consent to your designation by signing Section 4 of this form. Please refer to Section 4 for additional information.

1. PERSONAL INFORMATION

Employer Plan Number _____ Employer Plan Name _____

Social Security Number (for tax-reporting purposes) _____ Date of Birth _____
 _____ / _____ / _____
 Month / Day / Year

Full Name of Participant _____ Email Address _____

Last _____ First _____ MI _____

2. BENEFICIARY DESIGNATION

- Update your beneficiary designations and/or designate additional beneficiaries at any time via Account Access at www.icmarc.org.
- Your "Primary" beneficiary(ies) must total 100% and your "Contingent" beneficiary(ies) if applicable must also total 100%.
- Use whole percentages only (e.g., 50%, not 33.33% or 33 1/3%).
- Check one "Beneficiary Type" and one "Relationship" for each beneficiary. Failure to do so may result in your designation being invalid.

Beneficiary Type: <input checked="" type="checkbox"/> Primary	Relationship (Check One): <input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust* <input type="checkbox"/> Charity <input type="checkbox"/> Estate
Name _____	Date of Birth _____ / _____ / _____
_____	Social Security Number _____
_____	% of Benefit (whole % only) _____%
Beneficiary Type (Check One): <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship (Check One): <input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust* <input type="checkbox"/> Charity <input type="checkbox"/> Estate
Name _____	Date of Birth _____ / _____ / _____
_____	Social Security Number _____
_____	% of Benefit (whole % only) _____%
Beneficiary Type (Check One): <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship (Check One): <input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust* <input type="checkbox"/> Charity <input type="checkbox"/> Estate
Name _____	Date of Birth _____ / _____ / _____
_____	Social Security Number _____
_____	% of Benefit (whole % only) _____%
Beneficiary Type (Check One): <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship (Check One): <input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust* <input type="checkbox"/> Charity <input type="checkbox"/> Estate
Name _____	Date of Birth _____ / _____ / _____
_____	Social Security Number _____
_____	% of Benefit (whole % only) _____%

*Trust Beneficiaries – You must submit a copy of your entire trust document with this form.

Designate additional beneficiaries online after your account is established, or write "see attached sheet" and attach and sign a separate piece of paper with your name, plan number, Social Security number, and the additional beneficiary information.

3. SIGNATURES

Participant Signature _____

_____ / _____ / _____
 Month / Day / Year

Employer Signature (if required) _____

_____ / _____ / _____
 Month / Day / Year



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Employer Plan Number

Social Security Number

Full Name of Participant (Please Print)

Last

First

MI

4. SPOUSAL CONSENT

Community Property States (AZ, CA, ID, LA, NV, NM, TX, WA, or WI) – A participant living in a community property state must designate his/her spouse as the primary beneficiary for *at least* 50% of the account, unless the spouse waives his/her right by consenting to an alternative beneficiary designation. By signing below, you (the participant's spouse) are consenting to the benefit percentage specified below and the participant's beneficiary designation(s) on page 1 of this form.

401 Defined Contribution Plans – Many 401 plans require that a married participant designate his/her spouse as the primary beneficiary for 100% of the account, unless the spouse waives his/her right by consenting to an alternative beneficiary designation. By signing below, you are consenting to the benefit percentage specified below and the participant's beneficiary designation(s) on page 1 of this form.

State Law: ICMA-RC makes this form available as a means of helping participants satisfy state law requirements relating to beneficiary designations. ICMA-RC is not responsible for a participant's failure to properly designate a beneficiary in accordance with state law. Failure to satisfy state law requirements may result in a beneficiary designation being invalidated, and benefits being paid in accordance with state law.

Spousal Consent and Acknowledgement: By signing below, I agree to waive my beneficiary rights in my spouse's retirement plan account, and consent to 1) receive the benefit percentage specified below, and 2) the beneficiary designation on page 1 of this form. I understand this waiver will result in some or all of my spouse's death benefit being paid to someone other than me. I further understand that future changes to my spouse's beneficiary designations will not be valid unless I consent to any such changes.

Spouse Benefit Percentage (whole % only): _____ % (This percentage should match the percentage, if any, specified on page 1 of the form. Write "0" if applicable.)

Spouse Signature _____

Month /

Day /

Year _____

Name (Please Print) _____

5. WITNESS

- For 457 deferred compensation plans, a Notary Public is required to witness the spouse signature for the above spousal consent to be valid in a community property state.
- For 401 defined contribution plans, the above spousal consent must be witnessed by either an authorized employer plan representative or a Notary Public.

Employer's Plan Representative

Employer Signature _____

Name (Please Print) _____

Title _____

Month /

Day /

Year _____

Notary Public

Subscribed and sworn before me this _____ day of _____ (month), 20 _____

Notary Public's Signature _____

Notary Public SEAL _____

My commission expires _____