CalPERS

CalPERS Supplemental Income 457 Plan

BENEFICIARY DESIGNATION FORM

1. INSTRUCTIONS

In the event of your death, your 457 account will be paid to the primary beneficiary(ies) you name below, or if your primary beneficiary(ies) dies before you, the contingent beneficiary(ies) you name below. You may name a Trust as a primary or contingent beneficiary.

Print the beneficiaries' names, addresses, social security numbers, dates of birth, and their relationship to you, and the percentage for each named beneficiary.

If you designate a trust as a beneficiary, please include the trust's name and date. Examples include: **(1)** Fred C. Smith, Trustee of Trust created under my Will dated August 2, 2013 **(2)** George Smith and Clara Smith, Trustees of the George Smith and Clara Smith Living Trust dated August 2, 2013 **(3)** Fred C. Smith, Successor Trustee of the George Smith and Clara Smith Living Trust dated August 2, 2013.

If you do not complete and return this form, then upon your death your benefits will be paid in the following order of priority: (1) your spouse or registered domestic partner; (2) your natural or adopted children; (3) your parents; or (4) your estate.

If you are married or in a registered domestic partnership and you wish to designate someone other than your spouse/domestic partner, your spouse/domestic partner must consent in writing in Section 4 of this form or your designation will not be valid or effective.

If you are single and you subsequently marry or enter into a registered domestic partnership, your previous beneficiary designation will no longer be valid if you have named someone other than your spouse or domestic partner as beneficiary.

2. PARTICIPANT INFORMATION (please print clearly)

NAME: _____ **SOCIAL SECURITY NUMBER:** _____

CalPERS ID (Optional): _ _ _ _ _ _ _ _ _ _

EMPLOYER NAME: _____ **AGENCY PLAN NUMBER:** 4 5 _ - _ _ _

PARTICIPANT MAILING ADDRESS: _____ **APT:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

WORK PHONE: _____ **HOME PHONE:** _____ **E-MAIL:** _____

MARITAL STATUS: ☐ **I am married:** If my spouse/domestic partner is not the sole Primary Beneficiary, my spouse/domestic partner has signed the spousal consent (section 4). ☐ **I am NOT married**

3. PRIMARY BENEFICIARY(IES)

The total allocated percentage for your Primary Beneficiary(ies) must equal 100%. If you need to add additional names use the back of this form.

If you are married or in a registered domestic partnership and your spouse/domestic partner is not the sole primary beneficiary, please note that your spouse /domestic partner must complete **Section 4** or your beneficiary designation will not be valid.

Full Name and Address	Social Security Number	Date of Birth	Relationship to You	Percent of Benefit
1 _____	_ _ _ - _ _ - _ _ _ _	_ _ - _ _ - _ _ _ _ (M M D D Y Y Y Y)		_____%
2 _____	_ _ _ - _ _ - _ _ _ _	_ _ - _ _ - _ _ _ _ (M M D D Y Y Y Y)		_____%
3 _____	_ _ _ - _ _ - _ _ _ _	_ _ - _ _ - _ _ _ _ (M M D D Y Y Y Y)		_____%
Total must equal 100%.				100%

4. SPOUSAL CONSENT (If spouse/domestic partner is not the sole primary beneficiary)

Your spouse/domestic partner must consent and acknowledge by signing below if he/she is not the sole primary beneficiary.

I hereby consent to the foregoing election by my spouse/domestic partner, to have all or part of his/her benefits paid to a person other than me as set forth in Section 3 above. I understand that I may have community property or other rights in these benefits, and I hereby voluntarily waive and release any rights I may have to these benefits. I understand **(1)** that the effect of the beneficiary designation in Section 3 is to cause all or part of my spouse/domestic partner's death benefit to be paid to a beneficiary other than me; **(2)** that each beneficiary designated is not valid unless I consent to it; and **(3)** that my consent is irrevocable unless my spouse/domestic partner revokes the beneficiary designation.

I hereby acknowledge that I have had the opportunity to consult with an attorney or other professional concerning this waiver, if I had so desired.

Executed this _____ day of _____ 20 _____

Spouse/Domestic Partner's Signature **Print Name**

WITNESSED BY:

Notary Signature **Print Name**

5. CONTINGENT BENEFICIARY(IES)

If your primary beneficiary(ies) dies before you, then Plan benefits will be distributed to your Contingent Beneficiary(ies).

	Full Name and Address	Social Security Number	Date of Birth	Relationship to You	Percent of Benefit
1		_ _ _ - _ _ - _ _ _ _	_ _ - _ _ - _ _ _ _ M M D D Y Y Y Y		_____%
2		_ _ _ - _ _ - _ _ _ _	_ _ - _ _ - _ _ _ _ M M D D Y Y Y Y		_____%
3		_ _ _ - _ _ - _ _ _ _	_ _ - _ _ - _ _ _ _ M M D D Y Y Y Y		_____%
4		_ _ _ - _ _ - _ _ _ _	_ _ - _ _ - _ _ _ _ M M D D Y Y Y Y		_____%
	Total must equal 100%.				100%

If none of the above-named beneficiary(ies) survive me, all benefits under the Plan will be distributed according to the provisions stated in the Plan Document.

6. AUTHORIZED SIGNATURE

Subject to the spousal consent requirements, I understand that I may revoke or change this designation at any time by filing a new designation of beneficiary in writing with the Plan and that by doing so, I revoke all prior designations.

I hereby certify, under penalty of perjury, that the information furnished herein is true, accurate and complete.

PARTICIPANT'S SIGNATURE	PRINT PARTICIPANT'S NAME	DATE

You will receive a confirmation statement of your beneficiary designation. Beneficiary information may also be viewed on the Plan website.

Please submit your completed form by fax or mail:

FAX DELIVERY:
Voya Financial
Attn: CalPERS
1-888-228-6185

US MAIL DELIVERY:
Voya Financial
Attn: CalPERS
P.O. Box 389
Hartford, CT 06141

OVERNIGHT DELIVERY:
Voya Financial
Attn: CalPERS
One Orange Way
Windsor, CT 06095

If you have any questions, you may call the Help Line at 1-800-260-0659, or to obtain additional plan or account information, please access your account at **https://calpers.voya.com**. Customer Service Representatives are available Monday through Friday, 6:00 A.M. to 5:00 P.M. Pacific Time (excluding stock market holidays).

BENEFICIARY DESIGNATION CHECKLIST

Make sure you have completed all of the steps below before you return your form. Check them off as you complete them.

- ☐ **SECTION 1:** **Read the required instructions.**
- ☐ **SECTION 2:** **Provided complete participant information including name, SSN and marital status.**
- ☐ **SECTION 3:** **Provided your Primary Beneficiary(ies). Make sure you have completed all the sections and that your percentages of benefit total 100%.**
- ☐ **SECTION 4:** **Has the Spousal consent section been signed and notarized (with an official notary stamp or seal) if you are married and do not name your spouse/domestic partner as your sole Primary Beneficiary.**
- ☐ **SECTION 5:** **Completed the Contingent Beneficiaries section (only if you want to have contingent beneficiaries). The total percent equals 100% of benefit.**
- ☐ **SECTIONS 3 & 5: Listed the name, address, social security number, birth date and relationship of all Beneficiaries.**
- ☐ **SECTION 6:** **Signed and dated your Beneficiary Designation (Authorized Signature). Must be dated in the last 90 days.**
- ☐ **Made a copy for your records and submitted the original to the address indicated above.**