



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 M.I.

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: Primary Relationship (Check One): Spouse Non-Spouse Trust* Charity Estate

_____-_____-_____
Name Date of Birth Social Security Number % of Benefit (whole % only)

Beneficiary Type (Check One): Primary Contingent Relationship (Check One): Spouse Non-Spouse Trust* Charity Estate

_____-_____-_____
Name Date of Birth Social Security Number % of Benefit (whole % only)

Beneficiary Type (Check One): Primary Contingent Relationship (Check One): Spouse Non-Spouse Trust* Charity Estate

_____-_____-_____
Name Date of Birth Social Security Number % of Benefit (whole % only)

Beneficiary Type (Check One): Primary Contingent Relationship (Check One): Spouse Non-Spouse Trust* Charity Estate

_____-_____-_____
Name Date of Birth Social Security Number % of Benefit (whole % only)

Beneficiary Type (Check One): Primary Contingent Relationship (Check One): Spouse Non-Spouse Trust* Charity 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



BENEFICIARY DESIGNATION FORM - PAGE 2 OF 2

Employer Plan Number

Social Security Number

Full Name of Participant (Please Print)

_____ Last First M.I.

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 _____