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. You may name a Trust as a primary or secondary beneficiary.

Print the beneficiaries' names, social security numbers, and their relationship to you, their birth date and the percentages for each named beneficiary.

If you designate a trust as a beneficiary, please include the trusts name and trust date. Examples include: **(1)** John Smith, Executor named in my Will, dated August 2, 2013 **(2)** Fred C. Smith, Trustee of Trust created under my Will, dated August 2, 2013 **(3)** George Smith and Clara Smith, Trustees of The Living Trust, dated August 2, 2013 **(4)** Fred C. Smith, Successor Trustee of the George Smith and Clara Smith Living Trust, dated August 2, 2013.

2. PARTICIPANT INFORMATION (please print clearly)

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

DATE OF BIRTH: _____ **CalPERS ID:** _ _ _ _ _ _ _ _ _ _

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 are legally married or in a registered domestic partnership, but do not name your spouse or your domestic partner as your sole (100%) primary beneficiary, he or she may still be entitled to a community property share of your account. CalPERS cannot be responsible for a participant's failure to properly designate a beneficiary in accordance with state law requirements. Please be advised that failure to meet state law requirements with respect to your beneficiary designation may result in your beneficiary designation being invalid and the payment of your account to someone other than your designated beneficiary.

If you are married, please note that one of your primary beneficiaries **must be your spouse**. If your spouse is not a primary beneficiary, you must complete **Section 4:** If you need to add additional names use the back of this form.

Full Name and Address	Social Security Number	Date of Birth	Relationship to You	Percent of Benefit* (Whole % only, must total 100%)
1 _____	_ _ _ - _ _ - _ _ _ _	_ _ - _ _ - _ _ _ _ (M M D D Y Y Y Y)		_ _ .00%
2 _____	_ _ _ - _ _ - _ _ _ _	_ _ - _ _ - _ _ _ _ (M M D D Y Y Y Y)		_ _ .00%
3 _____	_ _ _ - _ _ - _ _ _ _	_ _ - _ _ - _ _ _ _ (M M D D Y Y Y Y)		_ _ .00%
The total percentages for BOTH of the primary and secondary beneficiary election must equal 100%. Whole integers only (example: you may not indicate 33 1/3%, or 30.5%).				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 his/her benefits paid to a person other than me. I understand **(1)** that the effect of such designation is to cause 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* (Whole % only, must total 100%)
1 _____	___-__-____	__-__-____ MM DD YYYY		___ ___ .00%
2 _____	___-__-____	__-__-____ MM DD YYYY		___ ___ .00%
3 _____	___-__-____	__-__-____ MM DD YYYY		___ ___ .00%
4 _____	___-__-____	__-__-____ MM DD YYYY		___ ___ .00%
The total percentages for BOTH of the primary and secondary beneficiary election must equal 100%. Whole integers only (example: you may not indicate 33 1/3%, or 30.5%).				**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 Company and that by doing so, I revoke all prior designations.

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 Web site.

Please submit your completed form by fax or mail:

FAX DELIVERY:
Voya Financia™
Attn: CalPERS
1-888-228-6185

US MAIL DELIVERY:
Voya Financia™
Attn: CalPERS
P.O. Box 24747
Jacksonville, FL 32241-4747

OVERNIGHT DELIVERY:
Voya Financia™
Attn: CalPERS
8900 Freedom Commerce Parkway
Jacksonville, FL 32256-8264

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.voyaplans.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.**