

457(b) Plan Designation of Beneficiary
(Only Required if Spouse is NOT Primary Beneficiary)

Participant Information:

First Name _____ MI _____ Last _____ Employer _____
Street Address _____ City _____ State _____ Zip _____
Social Security # _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email Address _____

Beneficiary Designation

Beneficiary: percentage = _____ % Primary Contingent

Name: _____ Social Security #: _____
Address: _____ City: _____ State: _____ Zip: _____
Date of Birth: _____ Phone #: _____ Relationship: _____

Beneficiary: percentage = _____ % Primary Contingent

Name: _____ Social Security #: _____
Address: _____ City: _____ State: _____ Zip: _____
Date of Birth: _____ Phone #: _____ Relationship: _____

(To designate additional beneficiaries, attach a separate sheet providing the information requested above.)

Participant Authorization Signature

By my signature below, I represent that I am the owner of the account listed above and authorize the distribution of assets as indicated.

SIGNATURE OF PARTICIPANT

DATE

Spousal Consent- (Applicable only if the primary beneficiary is someone other than your spouse)

By my signature below, I represent that I am the spouse of the owner of the account listed above and authorize the distribution of assets as indicated.

SIGNATURE OF SPOUSE

DATE

(Only Required if Spouse is NOT Primary Beneficiary)

NOTARY PUBLIC

The person identified under the Participant section of this form is known to me or has produced proper identification as to being the referenced person and after first duly sworn, affirms that he/she executed the above affidavit understanding and affirming under oath the contents thereof.

SIGNATURE OF NOTARY	NOTARY SEAL	DATE
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