



BENEFICIARY DESIGNATION

PERSONAL DATA

Name (Please Print)

Account Number (Preferred)
OR Last 4 of SSN

Home Address

Date of Birth

City

State

Zip

Home Telephone Number

BENEFICIARY INFORMATION

This Beneficiary Designation will be valid only if:

- **It is signed and dated.**
- **Each beneficiary is clearly named, the relationship to the participant, and dates of birth are provided, and the benefit percentages total 100%.**

- A primary beneficiary is the person or persons who are your first choice to receive your Plan benefits in the event of your death. Should a primary beneficiary pre-decease you, your Plan assets will be divided among the remaining primary beneficiaries, if any.
- A contingent beneficiary is the person or persons who would receive your Plan benefits if your primary beneficiary (or all your primary beneficiaries, if more than one) pre-decease you.
- A person may not be listed as both a primary and a contingent beneficiary.
- A surviving spouse who is a Plan participant because he or she is a beneficiary of a deceased participant may designate a beneficiary. If your participation in the Plan is solely because you are a non-spousal beneficiary of a deceased participant or if your account was established as a result of a Qualified Domestic Relations Order, you may not designate a beneficiary.
- It is also suggested that Social Security numbers are provided to facilitate identification.
- If you need to list additional beneficiaries, please attach a separate sheet.
- The Estate Powers and Trust Law (EPTL) §5.14 requires that if the participant wishes to keep the former spouse as the beneficiary after a divorce, annulment, or judicial separation, the participant must re-designate the former spouse as a beneficiary by submitting a new form to the Plan after the date of the divorce, annulment, or judicial separation.
- If you select "Equal Percentage" for your beneficiaries, there may be some minor variance based upon the number of beneficiaries you have listed. For example: if you list three beneficiaries, the oldest beneficiary will be designated 33.34% and the other two will be 33.33%.
- **Trusts as a beneficiary-** "Living Trusts" -In addition to filling out this form, please include the pages of the trust that list the name of the trust, names of the trustees and contain the trustee signatures. **Exception:** Testamentary Trusts which are generally specified in a will and unlike a living trust come into existence only after death. These can be labeled on the form as "Testamentary Trust of (insert full name)". If you are not certain of the type of trust you have please consult the legal entity that created the trust with you.
- **Minors-**May be listed as a beneficiary. No additional paperwork is needed with this form.

Primary Beneficiary(ies) (must be in whole percentages and total 100%)

Equal percentages for each primary beneficiary

_____	_____	_____	_____	_____%
Beneficiary Name	Relationship	Date of Birth	Social Security Number	Percent
_____			_____	
Beneficiary Address			Phone Number	
_____	_____	_____	_____	_____%
Beneficiary Name	Relationship	Date of Birth	Social Security Number	Percent
_____			_____	
Beneficiary Address			Phone Number	
_____	_____	_____	_____	_____%
Beneficiary Name	Relationship	Date of Birth	Social Security Number	Percent
_____			_____	
Beneficiary Address			Phone Number	

Total = 100%

Contingent Beneficiary(ies) (must be in whole percentages and total 100%)

Equal percentages for each contingent beneficiary

_____	_____	_____	_____	_____%
Beneficiary Name	Relationship	Date of Birth	Social Security Number	Percent
_____			_____	
Beneficiary Address			Phone Number	
_____	_____	_____	_____	_____%
Beneficiary Name	Relationship	Date of Birth	Social Security Number	Percent
_____			_____	
Beneficiary Address			Phone Number	
_____	_____	_____	_____	_____%
Beneficiary Name	Relationship	Date of Birth	Social Security Number	Percent
_____			_____	
Beneficiary Address			Phone Number	

Total = 100%

AUTHORIZATION

The execution of this form and acceptance by the NYSDCP revokes all prior designations that I have made. I understand that if percentages are not provided or if the box designating equal percentages is not marked, my Plan assets will be divided equally among my named beneficiaries or contingent beneficiaries, as provided on the front of this form.

Participant Signature _____
Date _____

OR Fax to: 1-877-677-4329

Return to: New York State Deferred Compensation Plan
Administrative Service Agency
P.O. Box 182797
Columbus, OH 43218-2797

When Faxing paperwork, please allow two hours for your form to be received. If your fax is sent after 3:00pm your paperwork will be filed on the next business day.

Overnight Address: New York State Deferred Compensation Plan
Administrative Service Agency, DSPF-F2
3400 Southpark Place, Suite A
Grove City, OH 43123-4856

