

Beneficiary Designation

INSTRUCTIONS

To designate a beneficiary or to change your existing beneficiary designation on your plan, complete all applicable sections of this form, obtain any required signatures, and return it to your Plan Sponsor. If you have any questions regarding this form, please contact us at 1-866-994-6312.

PLAN SPONSOR INFORMATION

Plan Name	The Wise Choice for Public Employees		
Contract/Account No.	PE61743	Affiliate No.	00001
		Division No.	DGSD

PERSONAL INFORMATION

Social Security No.		Date of Birth (mm/dd/yyyy)	
First Name/Middle Initial		Last Name	
Mailing Address			
City	State	Zip Code	
Phone No.		Ext.	
E-mail Address			

PRIMARY BENEFICIARY DESIGNATION - WILL RECEIVE BENEFITS IN THE EVENT OF YOUR DEATH

This designation will apply to the account number above. You must designate a specific percentage for each beneficiary. Shares must be whole percentages and total 100%. If you do not indicate shares, benefits will be split equally among surviving beneficiaries. If the named beneficiary is a trust, please specify the name and date of the trust, and the name of the trustee.

Note: Share of benefits must total 100% for primary beneficiaries. If additional space is needed to designate multiple beneficiaries, complete the Supplemental Beneficiary Designation page.

Type of Beneficiary Designation	<input type="checkbox"/> Individual	<input type="checkbox"/> Trust	<input type="checkbox"/> Estate
Share of Benefits	<input type="text"/>	% (whole percentages only)	Relationship <input type="text"/>
Social Security No.	<input type="text"/>		Date of Birth (mm/dd/yyyy) <input type="text"/>
First Name/Middle Initial	<input type="text"/>		Last Name <input type="text"/>
Name of Trust/Estate	<input type="text"/>		
Trustee/Executor	<input type="text"/>		
Trust/Estate Tax ID	<input type="text"/>	Effective Date	<input type="text"/>
Mailing Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/> Zip Code <input type="text"/>

PRIMARY BENEFICIARY DESIGNATION (CONTINUED)

Type of Beneficiary Designation	<input type="checkbox"/> Individual	<input type="checkbox"/> Trust	<input type="checkbox"/> Estate
Share of Benefits	<input type="text"/>	% (whole percentages only)	Relationship <input type="text"/>
Social Security No.	<input type="text"/>		Date of Birth (mm/dd/yyyy) <input type="text"/>
First Name/Middle Initial	<input type="text"/>		Last Name <input type="text"/>
Name of Trust/Estate	<input type="text"/>		
Trustee/Executor	<input type="text"/>		
Trust/Estate Tax ID	<input type="text"/>	Effective Date	<input type="text"/>
Mailing Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/> Zip Code <input type="text"/>

CONTINGENT BENEFICIARY - WILL RECEIVE BENEFITS IF NO PRIMARY BENEFICIARY IS LIVING AT THE TIME OF YOUR DEATH

Note: Share of benefits must total 100% for contingent beneficiaries. If additional space is needed to designate multiple beneficiaries, complete the Supplemental Beneficiary Designation page.

Type of Beneficiary Designation	<input type="checkbox"/> Individual	<input type="checkbox"/> Trust	<input type="checkbox"/> Estate		
Share of Benefits	<input type="text"/>	% (whole percentages only)	Relationship	<input type="text"/>	
Social Security No.	<input type="text"/>		Date of Birth (mm/dd/yyyy)	<input type="text"/>	
First Name/Middle Initial	<input type="text"/>		Last Name	<input type="text"/>	
Name of Trust/Estate	<input type="text"/>				
Trustee/Executor	<input type="text"/>				
Trust/Estate Tax ID	<input type="text"/>		Effective Date	<input type="text"/>	
Mailing Address	<input type="text"/>				
City	<input type="text"/>		State	<input type="text"/>	Zip Code <input type="text"/>

CONTINGENT BENEFICIARY DESIGNATION (CONTINUED)

Type of Beneficiary Designation	<input type="checkbox"/> Individual	<input type="checkbox"/> Trust	<input type="checkbox"/> Estate		
Share of Benefits	<input type="text"/>	% (whole percentages only)	Relationship	<input type="text"/>	
Social Security No.	<input type="text"/>		Date of Birth (mm/dd/yyyy)	<input type="text"/>	
First Name/Middle Initial	<input type="text"/>		Last Name	<input type="text"/>	
Name of Trust/Estate	<input type="text"/>				
Trustee/Executor	<input type="text"/>				
Trust/Estate Tax ID	<input type="text"/>		Effective Date	<input type="text"/>	
Mailing Address	<input type="text"/>				
City	<input type="text"/>		State	<input type="text"/>	Zip Code <input type="text"/>

NOTICE AND WAIVER OF PRE-RETIREMENT SURVIVOR BENEFIT (IF SPOUSE IS NOT PRIMARY BENEFICIARY)

As a plan participant, the law requires that you be informed as to the disposition of your account. In the case of your death before retirement, the plan will pay your full vested account balance to your surviving spouse. However, you may elect to waive the requirement that your death benefit be paid to your surviving spouse. Your spouse must consent in writing to any such waiver. You may revoke any waiver at any time before your death, and, if you desire, make a new election, provided your spouse consents to this new election. If you elect that your spouse is not to be your beneficiary for your full vested account balance (and your spouse has consented), then you may designate a beneficiary of your choosing. If you are not married at the time of your death, the death benefit will be paid to your designated beneficiary.

I have been informed that if I should die prior to my retirement, I have the right to have the full vested account balance in the plan paid to my spouse; that I have the right to waive the designation of my spouse as the beneficiary of all or a portion of my death benefit only if my spouse consents to such waiver; and that I have the right to revoke such waiver at any time without my spouse's consent. I hereby waive the right to have my spouse be the beneficiary of all or a portion of my pre-retirement death benefit. Instead, I designate the above beneficiary(ies) to receive all or a portion of the benefits upon my death.

PARTICIPANT SIGNATURE

I hereby warrant that all of the statements and information contained in this request/form are true in all respects. I understand that if I have made any false or misleading statements in this request that such statements could result in significant tax consequences and/or other monetary damages to the Plan, my Plan Sponsor and Transamerica. Moreover, I hereby agree to indemnify and hold (a) the Plan, (b) Transamerica, and (c) my Plan Sponsor harmless from any tax consequences and/or other monetary damages that may result in whole or in part from my false and misleading statements I certify that the information provided on this form is correct and complete.

X _____
Participant Signature

X _____
Date

X _____
Print Name

X _____
Social Security Number

PLAN SPONSOR SIGNATURE

I certify that the information provided on this form is correct and complete, and that any required consents and waivers have been obtained.

X _____
Plan Sponsor Signature

X _____
Date

Supplemental Beneficiary Designations

Social Security No.

First Name/Middle Initial

Last Name

Note: Share of benefits must total 100% for primary beneficiaries (will receive benefits in the event of your death) **AND 100% for contingent beneficiaries** (will receive benefits if no primary beneficiary is living at the time of your death).

Primary Beneficiary

Contingent Beneficiary

Type of Beneficiary Designation

Individual

Trust

Estate

Share of Benefits

% (whole percentages only)

Relationship

Social Security No.

Date of Birth
(mm/dd/yyyy)

First Name/Middle Initial

Last Name

Name of Trust/Estate

Trustee/Executor

Trust/Estate Tax ID

Effective Date

Mailing Address

City

State

Zip Code

Primary Beneficiary

Contingent Beneficiary

Type of Beneficiary Designation

Individual

Trust

Estate

Share of Benefits

% (whole percentages only)

Relationship

Social Security No.

Date of Birth
(mm/dd/yyyy)

First Name/Middle Initial

Last Name

Name of Trust/Estate

Trustee/Executor

Trust/Estate Tax ID

Effective Date

Mailing Address

City

State

Zip Code