



Fairfield Public Schools 401(a) Retirement Plan

Beneficiary Designation Form

Plan ID - FPS

Instructions: Use this form to designate a beneficiary to receive your plan benefit upon the event of your death. If you designate someone other than your Spouse to be your primary beneficiary, federal law requires that your Spouse consent to such designation. You may revoke your beneficiary designation and designate a different beneficiary by submitting a new form to your Plan Administrator at any time.

STEP 1. PARTICIPANT INFORMATION

Social Security Number:

Date of Birth:

First Name:

MI:

Last Name:

Mailing Address:

City:

State:

Zip Code:

Daytime Phone:

Evening Phone:

My initial Beneficiary Designation

A change to my Beneficiary Designation

STEP 2. DESIGNATING YOUR BENEFICIARIES

I am: Single

Married

If you are married, and you do not designate your Spouse to receive an amount equal to 100% of your vested account balance, your Spouse must sign the Spousal Consent section of this form in the presence of a Notary Public or authorized Plan Representative. Please check with your employer about the spousal consent and any additional beneficiary requirements specific to your plan.

You are not limited to three primary and three contingent beneficiaries. To designate additional beneficiaries, please complete, sign and date, and attach a separate piece of paper.

When designating beneficiaries, please use whole percentages. Be sure that the percentages for each group of beneficiaries (primary and contingent) total 100%. Your primary beneficiary cannot be your contingent beneficiary. If you designate a trust as a beneficiary, please include the trust's name, address, the date the trust was created, and the trustee's name.

PRIMARY BENEFICIARY(IES)

I hereby designate the person(s) named below as primary beneficiary(ies) to receive payment of the value of my account(s) under the plan upon my death.

1.

Individual Beneficiary or Trust Name: _____ %
Percentage: _____

Beneficiary SSN or Trust Tax ID _____

Date of Birth or Trust Date: _____ Relationship to Participant: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____

2.

Individual Beneficiary or Trust Name: _____ %
Percentage: _____

Beneficiary SSN or Trust Tax ID _____

Date of Birth or Trust Date: _____ Relationship to Participant: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____

3.

Individual Beneficiary or Trust Name: _____ %
Percentage: _____

Beneficiary SSN or Trust Tax ID _____

Date of Birth or Trust Date: _____ Relationship to Participant: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____

Unless otherwise specified by my plan, if more than one person is named and no percentages are indicated, payment will be made in equal shares to my primary beneficiary(ies) who survives me. If a percentage is indicated and a primary beneficiary(ies) does not survive me, the percentage of that beneficiary's designated share shall be divided equally among the surviving primary beneficiary(ies). If there is no primary beneficiary(ies) living at the time of my death, I hereby specify that the value of my account is to be distributed to my contingent beneficiary(ies) listed below.

CONTINGENT BENEFICIARY(IES)

I hereby designate the person(s) named below as contingent beneficiary(ies) to receive payment of the value of my account(s) under the plan upon my death and the death of my primary beneficiary(ies).

1. _____ %
Individual Beneficiary or Trust Name: _____ Percentage: _____

Beneficiary SSN or Trust Tax ID

Date of Birth or Trust Date: _____ Relationship to Participant: _____

Mailing Address:

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____

2. _____ %
Individual Beneficiary or Trust Name: _____ Percentage: _____

Beneficiary SSN or Trust Tax ID

Date of Birth or Trust Date: _____ Relationship to Participant: _____

Mailing Address:

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____

3. _____ %
Individual Beneficiary or Trust Name: _____ Percentage: _____

Beneficiary SSN or Trust Tax ID

Date of Birth or Trust Date: _____ Relationship to Participant: _____

Mailing Address:

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____

STEP 3. SPOUSAL CONSENT

This section does not need to be completed if (1) you are single, or (2) your spouse is your primary beneficiary who will receive 100% of your account balance.

I hereby consent to the designation of the beneficiary(ies) listed above. I understand that (1) the effect of this designation is to cause some or all of my Spouse's death benefit to be paid to someone other than to me, (2) that each beneficiary designation is not valid unless I consent to it, and (3) my consent is irrevocable unless my Spouse revokes the beneficiary designation.

Signature of Spouse _____
Date

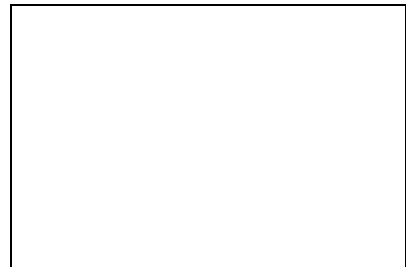
Printed Name of Spouse

To be completed by a Notary Public:

Sworn before me this day _____

In the State of _____ County of _____

Notary Public Signature



Notary stamp must be in the above box.

My commission expires: _____

OR, authorized Plan Representative: (if provided for under the terms of the plan)

Signature of Authorized Plan Representative _____
Date

Printed Name of Authorized Plan Representative

STEP 4. AUTHORIZATION AND SIGNATURES

Participant Authorization: By executing this Beneficiary Designation Form:

- I certify under penalties of perjury that my Social Security Number on this form is correct.
- I understand that I may designate a beneficiary for my assets accumulated under the plan, and that if I choose not to designate a beneficiary, my beneficiary will be my surviving spouse. If I do not have a surviving spouse, distributions will be made based on the provisions of the plan.
- I am aware that the beneficiary information provided herein shall apply to all of my accounts under the plan and shall replace all previous designations I have made on any of my accounts under the plan.
- I am aware that the beneficiary information included in this form becomes effective when delivered to the Plan Administrator and will remain in effect until I deliver another completed and signed Beneficiary Designation Form with a later date to the Plan Administrator.

Your Signature _____
Date

As an Authorized Plan Representative, I acknowledge receipt of this form. _____
Date