

# Designation of Beneficiary

## Participant Information:

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Employer \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_ (Check One: Married/Separated \_\_\_\_\_ Not Married \_\_\_\_\_)

This form shall apply to the following accounts held with TCG Administrators:

401(k)  403(b)  457(b)  TERRP  FICA Alternative  FICA Pension  Money Purchase Pension  ORP

## Beneficiary Designation *(Designated percentages for all primary beneficiaries must equal 100.)*

**Beneficiary 1:** percentage = \_\_\_\_\_%  Primary  Contingent  
 Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Beneficiary 2:** percentage = \_\_\_\_\_%  Primary  Contingent  
 Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Trust:** percentage = \_\_\_\_\_%  Primary  Contingent  
 Name of Trust: \_\_\_\_\_ Trust ID #: \_\_\_\_\_  
 Name of Trustee: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Date Created #: \_\_\_\_\_ Description: \_\_\_\_\_

(To designate additional beneficiaries,  check this box and 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. This form supersedes all prior beneficiary designation forms.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
DATE

## Spousal Consent - *(Applicable only if the primary beneficiary is someone other than your spouse or spouse is not receiving 100%)*

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

NOTARY PUBLIC *(Only Required if Spouse is NOT Primary Beneficiary)*

\_\_\_\_\_  
(Name of Spouse) 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 |
|---------------------|-------------|------|