Beneficiary Designation
Governmental 457(b) Plan

City and Borough of Sitka — 98335-01

Participant Information

Last Name	First Name	MI	Social Security Number

E-Mail Address

Account Extension (if applicable)

❑ Married ❑ Unmarried

Account extension identifies funds that were transferred to you through a divorce or death.

This designation supercedes all prior designations. Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally. Primary and contingent beneficiaries must separately total 100.00%. The number of primary or contingent beneficiaries you may name is not limited. Attach an additional sheet if necessary.

Primary Beneficiary

	% of Account Balance	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth
#1	.				
#2	.				
#3	.				

Contingent Beneficiary

	% of Account Balance	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth
#1	.				
#2	.				
#3	.				

Plan Beneficiary Designation

This designation is effective upon execution and delivery to the Plan Administrator/Trustee. If I name more than one beneficiary in either category, the surviving beneficiaries in that category will share equally unless otherwise indicated. I have the right to change the beneficiary. If any information is missing, additional information may be required prior to recording my beneficiary designation. If my primary and contingent beneficiaries predecease me or I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan Document or applicable state law.

Your Consent and Signature

I have completed, understand and agree to all pages of this Beneficiary Designation form. I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at http://www.ustreas.gov/offices/eotffc/ofac.

Participant forward to Plan Administrator/Trustee

Participant Signature **Date**

Authorized Signature(s)

Authorized Plan Administrator/Trustee Signature **Date**

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