

# Beneficiary Designation Alaska Supplemental Annuity Plan

FOR OFFICE USE ONLY

STATE OF  
ALASKA

Toll-Free: 1-800-821-2251  
www.state.ak.us/dr

Division of Retirement and Benefits  
PO Box 110203  
Juneau, Alaska 99811-0203

Juneau: 465-4460  
TDD: (907) 465-2805  
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<b>SECTION I. PERSONAL DATA</b>		<b>PLEASE TYPE OR PRINT CLEARLY</b>		
Employee Last Name		First Name	MI	
Mailing Address (Street or PO Box, City, State, Zip + 4)				
Social Security Number		Home Telephone ( )	Work Telephone ( )	
Employer (check applicable box): <input type="checkbox"/> State <input type="checkbox"/> Political Subdivision (name) _____				
The beneficiary(ies) listed below is the person or persons who will receive your account balance should you die before you have received payment. If you ARE married and list any person other than your spouse as primary beneficiary for over 50% of your account, your spouse must consent to this election by signing this form in front of a notary public or plan representative.				
<b>SECTION II. BENEFICIARY DESIGNATION</b>				
<input type="checkbox"/> Primary	Name	Relationship	Date of Birth	Percentage %
<input type="checkbox"/> Contingent				
Mailing Address			Social Security Number — —	
<input type="checkbox"/> Primary	Name	Relationship	Date of Birth	Percentage %
<input type="checkbox"/> Contingent				
Mailing Address			Social Security Number — —	
<input type="checkbox"/> Primary	Name	Relationship	Date of Birth	Percentage %
<input type="checkbox"/> Contingent				
Mailing Address			Social Security Number — —	
<input type="checkbox"/> Primary	Name	Relationship	Date of Birth	Percentage %
<input type="checkbox"/> Contingent				
Mailing Address			Social Security Number — —	
<input type="checkbox"/> Primary	Name	Relationship	Date of Birth	Percentage %
<input type="checkbox"/> Contingent				
Mailing Address			Social Security Number — —	
If you are married and have designated someone other than your spouse as a 50% or greater primary beneficiary, then your spouse must sign the below waiver in front of a notary public or plan representative for this election to be effective. If you are married and designate your spouse as a beneficiary prior to divorce, except as required by a qualified domestic relations order, this designation will be revoked upon your divorce.				
I have read and understand that I am entitled to at least 50% of my spouse's account as indicated in Section I in the event of his/her death. I hereby waive and agree to the above Beneficiary Designation.				
SPOUSE'S SIGNATURE _____		DATE _____		
Spouse's signature witnessed by: _____, or _____				
PLAN REPRESENTATIVE (Must be a designated employee of the Division of Retirement and Benefits)			NOTARY PUBLIC State of _____; My Commission Exp: _____	
Employee Signature			Date	