



BENEFICIARY DESIGNATION FORM INSTRUCTIONS

Please note: You only need to complete this form if your beneficiary designation requires spousal consent. See Section 4 to see if this applies to you.

In the event of your death, your designated beneficiary(ies) will be entitled to any assets remaining in your account. Please provide all of the requested information for each beneficiary – this information will help ICMA-RC locate your beneficiaries if necessary. **You can always update your beneficiary information online by following the instructions below.**

Designating beneficiaries for your account is important:

- Your designation helps to ensure assets will be paid out according to your wishes and will not be subject to the potential costs and delays of probate, as well as creditor claims. If all of your primary beneficiaries are no longer living at the time of your death, benefits will be paid to your contingent beneficiaries.
- Your beneficiaries may receive more tax advantages.

Percent of Benefit Information – If you provide percentages that do not total 100%, or provide non-whole numbers, your designations will be invalid. However, if no percentages are provided for any beneficiary designations, the benefit will be allocated equally among all beneficiaries.

Trust Beneficiaries – If you name a trust as your primary or contingent beneficiary, you must submit a complete copy of your entire trust document with this form.

Update Beneficiary Information Online

- Log in to ICMA-RC's Account Access at www.icmarc.org
- Go to the *Manage My Account* tab and click the *My Profile* link
- Click the *Beneficiaries* link
- Click the *Update Beneficiaries* button and enter your beneficiary information

Married Participants

If you do not designate your spouse as the primary beneficiary for your account, your spouse may be required to consent to your beneficiary designation. Please review the additional information in the Spousal Consent section (Section 4) of the form.

- **VantageTrust Retirement IncomeAdvantage Fund Investors** – To Lock-In and receive spousal benefits from the Fund, your spouse must be designated as the primary beneficiary for 100% of your account, both at the time you Lock-In the benefit and at the time of your death. Additional information is available in the *VantageTrust Retirement IncomeAdvantage Fund Important Considerations* document, available online or by contacting ICMA-RC at 800-669-7400.

Fax or Mail the Completed Form to ICMA-RC

If you fax the form to ICMA-RC, please do not also send it to us by mail. Page 2 is only needed if your beneficiary designation requires spousal consent.

Fax:

ICMA-RC
ATTN: Workflow Management Team
202-682-6439

Mail:

ICMA-RC
ATTN: Workflow Management Team
P.O. Box 96220
Washington, DC 20090-6220

Please keep a copy of completed form for your records.



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- 1) Use this form to designate beneficiaries for your employer-sponsored retirement plan with ICMA-RC.
- 2) **You only need to complete this form if your beneficiary designation requires spousal consent.** Otherwise, you may update your beneficiary information quickly and securely via Account Access at www.icmarc.org.
- **Spousal Consent** – If you are married and do not designate your spouse as primary beneficiary for your account, your spouse may be required to consent to your designation by signing Section 4 of this form. Please refer to Section 4 for additional information.

1. PERSONAL INFORMATION

Employer Plan Number

Employer Plan Name

Social Security Number (for tax-reporting purposes)

Date of Birth

____/____/____
Month Day Year

Full Name of Participant

Email Address

Last First M.I.

2. BENEFICIARY DESIGNATION

- Update your beneficiary designations and/or designate additional beneficiaries at any time via Account Access at www.icmarc.org.
- Your "Primary" beneficiary(ies) must total 100% and your "Contingent" beneficiary(ies) if applicable must also total 100%.
- Use whole percentages only (e.g., 50%, not 33.33% or 33 1/3%).
- Check one "Beneficiary Type" and one "Relationship" for each beneficiary. Failure to do so may result in your designation being invalid.

Beneficiary Type: ☒ Primary

Relationship (Check One): ☐ Spouse ☐ Non-Spouse ☐ Trust* ☐ Charity ☐ Estate

Name _____ Date of Birth ____/____/____ Social Security Number ____-____-____ % of Benefit (whole % only)

Beneficiary Type (Check One): ☐ Primary ☐ Contingent

Relationship (Check One): ☐ Spouse ☐ Non-Spouse ☐ Trust* ☐ Charity ☐ Estate

Name _____ Date of Birth ____/____/____ Social Security Number ____-____-____ % of Benefit (whole % only)

Beneficiary Type (Check One): ☐ Primary ☐ Contingent

Relationship (Check One): ☐ Spouse ☐ Non-Spouse ☐ Trust* ☐ Charity ☐ Estate

Name _____ Date of Birth ____/____/____ Social Security Number ____-____-____ % of Benefit (whole % only)

Beneficiary Type (Check One): ☐ Primary ☐ Contingent

Relationship (Check One): ☐ Spouse ☐ Non-Spouse ☐ Trust* ☐ Charity ☐ Estate

Name _____ Date of Birth ____/____/____ Social Security Number ____-____-____ % of Benefit (whole % only)

Beneficiary Type (Check One): ☐ Primary ☐ Contingent

Relationship (Check One): ☐ Spouse ☐ Non-Spouse ☐ Trust* ☐ Charity ☐ Estate

Name _____ Date of Birth ____/____/____ Social Security Number ____-____-____ % of Benefit (whole % only)

**Trust Beneficiaries – You must submit a copy of your entire trust document with this form.*

Designate additional beneficiaries online after your account is established, or write "see attached sheet" and attach and sign a separate piece of paper with your name, plan number, Social Security number, and the additional beneficiary information.

3. SIGNATURES

Participant Signature

____/____/____
Month Day Year

Employer Signature (if required)

____/____/____
Month Day Year



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Employer Plan Number

Social Security Number

Full Name of Participant (Please Print)

Last

First

M.I.

4. SPOUSAL CONSENT

Community Property States (AZ, CA, ID, LA, NV, NM, TX, WA, or WI) – A participant living in a community property state must designate his/her spouse as the primary beneficiary for *at least* 50% of the account, unless the spouse waives his/her right by consenting to an alternative beneficiary designation. By signing below, you (the participant's spouse) are consenting to the benefit percentage specified below and the participant's beneficiary designation(s) on page 1 of this form.

401 Defined Contribution Plans – Many 401 plans require that a married participant designate his/her spouse as the primary beneficiary for 100% of the account, unless the spouse waives his/her right by consenting to an alternative beneficiary designation. By signing below, you are consenting to the benefit percentage specified below and the participant's beneficiary designation(s) on page 1 of this form.

State Law: ICMA-RC makes this form available as a means of helping participants satisfy state law requirements relating to beneficiary designations. ICMA-RC is not responsible for a participant's failure to properly designate a beneficiary in accordance with state law. Failure to satisfy state law requirements may result in a beneficiary designation being invalidated, and benefits being paid in accordance with state law.

Spousal Consent and Acknowledgement: By signing below, I agree to waive my beneficiary rights in my spouse's retirement plan account, and consent to 1) receive the benefit percentage specified below, and 2) the beneficiary designation on page 1 of this form. I understand this waiver will result in some or all of my spouse's death benefit being paid to someone other than me. I further understand that future changes to my spouse's beneficiary designations will not be valid unless I consent to any such changes.

Spouse Benefit Percentage (whole % only): _____ % (This percentage should match the percentage, if any, specified on page 1 of the form. Write "0" if applicable.)

Spouse Signature

Month

Day

Year

Name (Please Print)

5. WITNESS

- For 457 deferred compensation plans, a Notary Public is required to witness the spouse signature for the above spousal consent to be valid in a community property state.
- For 401 defined contribution plans, the above spousal consent must be witnessed by either an authorized employer plan representative or a Notary Public.

Employer's Plan Representative

Employer Signature

Name (Please Print)

Title

Month

Day

Year

Notary Public

Subscribed and sworn before me this _____ day of _____ (month), 20____

Notary Public's Signature

Notary Public SEAL

My commission expires _____