

457 DESIGNATION OF BENEFICIARY FORM



ICMA RETIREMENT CORPORATION

- Use this form to designate your beneficiary(ies) for your retirement account.
- Please complete a separate form for each employer plan account.

1 Participant Information	<p>Employer Plan Number Employer Plan Name State</p> <p>Social Security Number Daytime Phone Number</p> <p>Full Name of Participant</p> <p>Last First M.I.</p>
2 Beneficiary Designation	<p>Your designation of beneficiary(ies) tells us who should receive the accumulated value of your account if your death should occur before completing distribution of your account. If no primary beneficiary(ies) lives longer than you, benefits will be paid to your contingent beneficiary(ies). If none of your primary or contingent beneficiaries are living at the time of your death, the proceeds will be paid to your estate. If this form is not signed, the beneficiary(ies) designation you select will not be valid. If a valid form is not filed, benefits will be paid to your estate at the time of your death.</p> <p>PLEASE NOTE: If a Social Security number is not provided and RC cannot locate the named beneficiary, the account balance will be paid to your estate.</p> <p>Primary Beneficiary(ies):</p> <p>Name: _____ Relationship: _____</p> <p>Social Security Number: _____ - _____ - _____ Birthdate: ____/____/____ % of Benefit: _____%</p> <p>Name: _____ Relationship: _____</p> <p>Social Security Number: _____ - _____ - _____ Birthdate: ____/____/____ % of Benefit: _____%</p> <p>Name: _____ Relationship: _____</p> <p>Social Security Number: _____ - _____ - _____ Birthdate: ____/____/____ % of Benefit: _____%</p> <p>Name: _____ Relationship: _____</p> <p>Social Security Number: _____ - _____ - _____ Birthdate: ____/____/____ % of Benefit: _____%</p> <p style="text-align: right;"><i>Must add to 100.00%</i></p> <p>Contingent Beneficiary(ies)</p> <p>Name: _____ Relationship: _____</p> <p>Social Security Number: _____ - _____ - _____ Birthdate: ____/____/____ % of Benefit: _____%</p> <p>Name: _____ Relationship: _____</p> <p>Social Security Number: _____ - _____ - _____ Birthdate: ____/____/____ % of Benefit: _____%</p> <p>Name: _____ Relationship: _____</p> <p>Social Security Number: _____ - _____ - _____ Birthdate: ____/____/____ % of Benefit: _____%</p> <p>Name: _____ Relationship: _____</p> <p>Social Security Number: _____ - _____ - _____ Birthdate: ____/____/____ % of Benefit: _____%</p> <p style="text-align: right;"><i>Must add to 100.00%</i></p> <p>If needed, please write additional beneficiaries on a separate piece of paper and attach it with this form.</p>
3 Participant Authorization	<p>Participant's Signature: _____ Date: _____</p>

IMPORTANT-REMEMBER TO PRINT LEGIBLY IN BLACK OR BLUE INK

ICMA Retirement Corporation • Attn. Records Management Unit • P.O. Box 96220 • Washington, DC 20090-6220 • Toll Free 1-800-669-7400 • Fax: 1-202-962-4601