



# 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
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