



The City of Seattle
Voluntary Deferred Compensation Plan
Beneficiary Designation Form

Personal Information

Name:	Plan ID: 0056120001
Date of Birth:	SSN or Account Number:
Address:	Phone Number:
City, State, & ZIP:	Email Address:

Beneficiary Designation

This beneficiary designation applies to all funding options unless otherwise noted. For payout purposes, the Plan Administrator will establish sub-accounts and not separate accounts for beneficiaries, which in the case of multiple beneficiaries may require that required minimum distributions be based on the life expectancy of the oldest beneficiary.

PLEASE NOTE: Even if your current beneficiary is a trust or estate of which your spouse is a beneficiary, spousal consent is necessary.

If additional space for beneficiaries is required, attach additional sheets and mark this box:

Primary Beneficiary(ies) (must total 100% and be in whole percentages):

Name:	Relationship:	Social Security #:	Phone #:
Address:		Date of Birth:	% Split:
Name:	Relationship:	Social Security #:	Phone #:
Address:		Date of Birth:	% Split:
Name:	Relationship:	Social Security #:	Phone #:
Address:		Date of Birth:	% Split:
Name:	Relationship:	Social Security #:	Phone #:
Address:		Date of Birth:	% Split:

Contingent Beneficiary(ies) (must total 100% and be in whole percentages):

Name:	Relationship:	Social Security #:	Phone #:
Address:		Date of Birth:	% Split:
Name:	Relationship:	Social Security #:	Phone #:
Address:		Date of Birth:	% Split:
Name:	Relationship:	Social Security #:	Phone #:
Address:		Date of Birth:	% Split:
Name:	Relationship:	Social Security #:	Phone #:
Address:		Date of Birth:	% Split:

Spousal Consent

NOTE: If you are married and do not name your spouse as 100% primary beneficiary, you are required to have your spouse sign below.

I hereby consent to the foregoing designation of beneficiary(ies):

Spouse's Signature:	Date:
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NOTE: Spouse Signature must be witnessed by a notary public OR authorized plan representative

Sworn to and subscribed before me, a Notary Public in and for the aforesaid jurisdiction, by

_____, this day of _____, 20_____

WITNESS my hand and official seal.

Notary Public: _____

My Commission Expires: _____

Notary OR Authorized Plan Representative

Signature:	Date:
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Authorization

This designation supersedes any prior beneficiary designation and shall become effective on the date accepted by the Plan as listed below prior to my death. My death benefits will be paid first to my Primary Beneficiaries. If some of my Primary Beneficiaries predecease me, then my death benefit will be paid to the remaining Primary Beneficiaries. Contingent Beneficiaries will only receive benefits if no Primary Beneficiary survives me. If no beneficiary designation is on file, benefits will be paid pursuant to the sequence set forth in the Plan Document.

Participant Signature:	Date:
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Form Return

By mail: Nationwide Retirement Solutions
PO Box 182797
Columbus, OH 43218-2797

By fax: 877-677-4329

Model Beneficiary Designations

Indicate the full names of the beneficiaries, their Social Security numbers, date of birth, relationship to you, address, phone number, and split you'd like each one of them to receive. Please use the following designations as a guide when completing this form.

Name	% Split	Relationship	SSN	Date of Birth
1. Primary: Joan Nation	100%	spouse	123-45-6789	01/02/1962
1. Primary: Joan Nation	100%	spouse	123-45-6789	01/02/1962
2. Contingent: Henry Nation	100%	son	987-65-4321	06/26/1984
1. Primary: Joan Nation	100%	spouse	123-45-6789	01/02/1962
2. Contingent: Henry Nation	50%	son	987-65-4321	06/26/1984
3. Contingent: Betty Nation	50%	daughter	305-24-9731	02/12/1980
1. Primary: Henry Nation	50%	son	987-65-4321	06/26/1984
2. Primary: Betty Nation	50%	daughter	305-24-9731	02/12/1980
1. Primary: Henry Nation	34%	son	987-65-4321	06/26/1984
2. Primary: Betty Nation	33%	daughter	305-24-9731	02/12/1980
3. Primary: John Nation	33%	son	876-91-3416	09/31/1986
1. Primary: Sara Nation	60%	mother	811-61-1781	10/14/1950
2. Primary: George Nation	40%	father	916-18-1781	12/30/1945
3. Contingent: Jean Nation	100%	sister	913-18-3319	03/29/1971
1. Primary: My Estate				
1. First National Bank of Canton, Ohio, as Trustee under Trust Agreement with Robert E. Nation, dated January 2, 2002. (Attach a copy of the title & signature page of the Trust)				

Generic beneficiary designations **will not** be accepted. Examples of generic designations include:

1. My spouse, parent(s), sister(s), brother(s), son(s), daughter(s).
2. My children.
3. Children of this marriage or any past marriage.
4. As designated in my will.

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