



The City of Seattle Voluntary Deferred Compensation Plan Beneficiary Designation Form

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Personal Information

Plan Name: City of Seattle Voluntary Deferred Compensation Plan and Trust Plan ID: 0056120001

Name: _____

SSN or Account Number: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Primary Phone: _____

How would you like to be contacted if additional information is required? Phone Email

Beneficiary Designation

IMPORTANT NOTES: 1) Allocations must total 100% for each category of beneficiary; and 2) If you designate a single primary or contingent beneficiary and do not list a percentage, it will be designated as 100%.

I have additional beneficiaries. If you want to designate more than 2 of each type of beneficiary, you may attach a page with the additional beneficiary information. Allocations must still total 100% for each category.

Primary Beneficiary(ies) (Allocations must total 100%):

1. **Full Name:** _____ Allocation: _____%

Relationship: _____ SSN: _____ Date of Birth: _____

Address: _____ Phone: _____

2. **Full Name:** _____ Allocation: _____%

Relationship: _____ SSN: _____ Date of Birth: _____

Address: _____ Phone: _____

3. **Full Name:** _____ Allocation: _____%

Relationship: _____ SSN: _____ Date of Birth: _____

Address: _____ Phone: _____

4. **Full Name:** _____ Allocation: _____%

Relationship: _____ SSN: _____ Date of Birth: _____

Address: _____ Phone: _____

Contingent Beneficiary(ies) (Allocations must total 100%):

1. **Full Name:** _____ Allocation: _____%

Relationship: _____ SSN: _____ Date of Birth: _____

Address: _____ Phone: _____

2. **Full Name:** _____ Allocation: _____%

Relationship: _____ SSN: _____ Date of Birth: _____

Address: _____ Phone: _____

3. **Full Name:** _____ Allocation: _____%

Relationship: _____ SSN: _____ Date of Birth: _____

Address: _____ Phone: _____

4. **Full Name:** _____ Allocation: _____%

Relationship: _____ SSN: _____ Date of Birth: _____

Address: _____ Phone: _____

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:** _____

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

Witnessed by Notary:

State of _____, in the county of _____, subscribed and sworn to before me by the above-named individual who is personally known to me or who has produced _____ as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed on _____ (mm/dd/yyyy).

Notary Information:

Printed Name: _____

Signature: _____

Date: _____

My commission expires: _____



Witnessed by Authorized Plan Representative:

Signature: _____ **Date:** _____

Authorization

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.

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.

Signature: _____ **Date:** _____

Form Return

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

By email: rpublic@nationwide.com
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.