



# City of Baltimore Retirement Savings and Deferred Compensation Plans

## Name • Beneficiary Change Form

### Personal Information

|                    |                        |
|--------------------|------------------------|
| Name:              | SSN or Account Number: |
| Address:           | Date of Birth:         |
| City, State, & ZIP | Phone Number:          |
| Email Address:     |                        |

### Type of Request & Paperless Delivery Option

Beneficiary Change     Name Change\*  
 \*Proof of name change must be attached; i.e. copy of your driver's license, Social Security card, or marriage certificate.

**Paperless Delivery:** By providing your email address you are consenting to receive statements, confirmations, terms, agreements and other information provided in connection with your retirement plan electronically. Unless you choose to have statements, account documents and other documents sent in connection with your retirement plan delivered via US Mail to the mailing address of record by checking the box below, these documents will be made available to you electronically.  **I wish to receive my statements and account documents via US Mail.**

### Beneficiary Designation

Select plan type:  457(b)     401(a)     Both Plans  
 This beneficiary designation applies to all funding options unless otherwise noted. For payout purposes, the Plan Administrator will establish an account for each beneficiary.

**NOTE:** Percentage split must total 100% for each category of beneficiary. If you select "Equal Percentage" for your beneficiaries, there may be some minor variance based upon the number of beneficiaries you have listed. For example: if you list three beneficiaries, the oldest beneficiary will be designated 33.34% and the other two will be 33.33%. A single primary or contingent beneficiary will receive 100% of the account benefit.

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

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

|          |               |                    |          |
|----------|---------------|--------------------|----------|
| 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%):

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

  

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

### 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: |
|------------------------|-------|

## 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.

## Form Return

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

By fax: 877-677-4329

Overnight Address: Nationwide Retirement Solutions  
DSPF-F2  
3400 Southpark Pl Ste A  
Grove City, OH 43123-4856