



Nationwide®



Orange County Transportation Authority (OCTA)
457(b) Deferred Compensation Plan

Name • Address • Beneficiary Change Form

Personal Information

Form with fields: Name, SSN or Account Number, Date of Birth, Email Address, Address, City, State, & ZIP, Home Phone Number, Work Phone Number.

Type of Request

Beneficiary Change, Address 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 Option

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.

I wish to receive my statements and account documents via US Mail.

Spousal/Domestic Partner Beneficiary Disclosure

A spouse or registered domestic partner is automatically the primary beneficiary of an employee's retirement plan death benefits. If you are married or are in a registered domestic partnership, you may not designate a primary beneficiary other than your spouse or registered domestic partner, unless your spouse or registered domestic partner consents by signing below in the presence of a notary.

Spouse's/Registered Domestic Partner's Signature:

Date:

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).

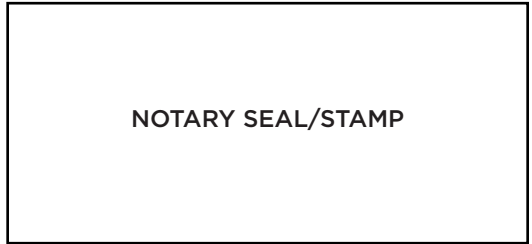
Notary Information:

Printed Name:

Signature:

Date:

My commission expires:



## Beneficiary Designation

This beneficiary designation applies to all funding options (including life insurance) 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:** Percentage split must total 100% for each category of beneficiary. If you designate your spouse as the sole primary beneficiary and do not list a percentage, it will be designated as 100%.

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

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

Name:	Relationship:	SSN:	Phone #:
Address:		Date of Birth:	% Split:

Name:	Relationship:	SSN:	Phone #:
Address:		Date of Birth:	% Split:

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

Name:	Relationship:	SSN:	Phone #:
Address:		Date of Birth:	% Split:

Name:	Relationship:	SSN:	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:
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## 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.

	<b>Name</b>	<b>Split%</b>	<b>Relationship</b>	<b>SSN</b>	<b>Date Of Birth</b>
1.	Primary: Joan Nation	100%	spouse	123-45-6789	01/02/1962
2.	Primary: Joan Nation	100%	spouse	123-45-6789	01/02/1962
	Contingent: Henry Nation	100%	son	987-65-4321	06/26/1984
3.	Primary: Joan Nation	100%	spouse	123-45-6789	01/02/1962
	Contingent: Henry Nation	50%	son	987-65-4321	06/26/1984
	Contingent: Betty Nation	50%	daughter	305-24-9731	02/12/1980
4.	Primary: Henry Nation	50%	son*	987-65-4321	06/26/1984
	Primary: Betty Nation	50%	daughter*	305-24-9731	02/12/1980
5.	Primary: Henry Nation	34%	son*	987-65-4321	06/26/1984
	Primary: Betty Nation	33%	daughter*	305-24-9731	02/12/1980
	Primary: John Nation	33%	son*	876-91-3416	09/31/1986
6.	Primary: Sara Nation	60%	mother*	811-61-1781	10/14/1950
	Primary: George Nation	40%	father*	916-18-1781	12/30/1945
	Contingent: Jean Nation	100%	sister*	913-19-3319	03/29/1971
7.	Primary: My Estate				
8.	First National Bank of Canton, Ohio, as Trustee under Trust Agreement with Robert E. Nation dated January 1, 2002. (Attach a copy of the title and signature page of the Trust).				

\*Spouse must complete Spousal Beneficiary Disclosure

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