



Monterey County 457(b) Deferred Compensation Plan Beneficiary Designation Form

Participant Information

Plan Name: Monterey County Deferred Compensation Plan Plan Number: 0058304001

Participant Name: _____ SSN: _____

This form is used to designate the payment of your account balance upon your death. Follow these easy steps.

Primary Beneficiary Information

Complete an additional form if you have more than 2 primary or contingent beneficiaries.

NOTE: All percentages must total 100% If you designate a single primary or contingent beneficiary and do not list a percentage, it will be designated as 100%

Name: _____ Relationship: _____ SSN: _____

Address: _____ Percentage: _____

Name: _____ Relationship: _____ SSN: _____

Address: _____ Percentage: _____

Contingent Beneficiary Information

Complete an additional form if you have more than 2 primary or contingent beneficiaries.

NOTE: All percentages must total 100% If you designate a single primary or contingent beneficiary and do not list a percentage, it will be designated as 100%

Name: _____ Relationship: _____ SSN: _____

Address: _____ Percentage: _____

Name: _____ Relationship: _____ SSN: _____

Address: _____ Percentage: _____

Spousal Consent

I certify that I am: Married Single Divorced Widowed

NOTE: This section must be completed if your spouse is not the sole primary beneficiary.

I consent to the primary beneficiary designation(s) made by my spouse. I understand that I have the right to all of my spouse's vested account under this plan after my spouse dies. I understand that by signing this consent, I am giving up my right to some or all of the benefits under this plan, that the designation is not valid unless I consent to it, and that my consent is irrevocable unless my spouse revokes the beneficiary designation.

Spouse's Name: _____

Spouse's Signature: _____ Date: _____

This consent must be witnessed by either a plan representative or a notary public.

Witnessed by Notary:

State of California

County of _____)

On _____ before me, _____
(insert name and title of the officer)

personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

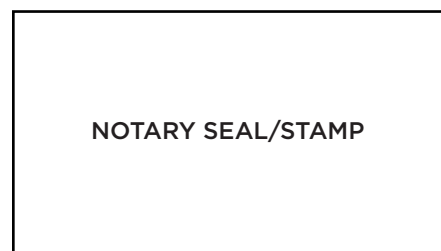
Notary Information:

Printed Name: _____

Signature: _____

Date: _____

My commission expires: _____



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:** _____

Form Return

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

By Email: rpublic@nationwide.com
By Fax: 877-677-4329