SCHOOLSFIRST
PLAN ADMINISTRATION

Beneficiary Designation Form
Nationwide Retirement Solutions

Phone: 800-462-8328 ext. 4116, option 1 • Fax: 714-258-4051 • SchoolsFirstRP.com
P.O. Box 11547, Attn: Retirement Planning, RH3, Santa Ana, CA 92711

Plan Information

Plan Number: _____ Plan Name: _____

Plan Type: ☐ All Plan Types ☐ 403(b) ☐ 401(a) ☐ 457(b)

Participant Information

Name: _____ SSN: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone[1]: _____

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

[1]Nationwide strives to provide excellent customer service to our Members. By providing your telephone number, you authorize Nationwide to contact you via telephone using automated technology to assist you with your account.

Beneficiary Designation

NOTE: Percentage split must total 100% for each category of beneficiary. If you designate a single primary or contingent 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%):

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) (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 (required if you're married and designate less than 100% to your spouse)

If married, your spouse must sign, acknowledging the Disclosure Statement below. Additionally, your spouse's signature must be witnessed by the Plan Sponsor or a Notary.

☐ Not Applicable – I certify I am not married

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 Information:

Printed Name: _____

Signature: _____ **Date:** _____

Witness of Spousal Signatures

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).

Witness Information:

Printed Name: _____

Signature: _____

Date: _____

My notary commission expires: _____

NOTARY SEAL/STAMP

Participant Authorization Signature

This designation supersedes any prior beneficiary designation and shall become effective on the date accepted by the Plan 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:** _____