



Sacramento Metropolitan Fire District Beneficiary Change Form

Personal Information

Employer Name: Sacramento Metropolitan Fire District	Entity Number: 0037972
Name:	SSN or Account Number:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	City, State, & ZIP:
Home Phone Number:	Work Phone Number:
Email Address:	

Beneficiary Designation

Check here if this is a change of beneficiary. (Beneficiaries listed below replace any prior designation)

PLEASE NOTE: Percentage split must total 100% for each category of beneficiary.

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:

Spousal Consent

I, (spouse's name) _____ consent to the beneficiary designation as indicated above. I understand that this designation causes the benefits to be paid to the person(s) named above and not paid to me. I understand that this designation is not valid unless I consent to it in writing. I also understand that this decision is irrevocable unless my spouse (the participant), and I agree in writing to any subsequent designation(s).

Signature of Spouse:	Date:
Witness Signature (Note: Witness cannot be named a Beneficiary):	Date:

I certify that I am not married. (Do not check if you are married.)

Participant Signature:	Date:
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Please remember to sign and date the Authorization section on the back

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. Any benefits payable at my death shall be paid in equal shares unless otherwise specified. 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

Please use the following designations as a guide when completing this form.

1. Joan Nation, spouse (Primary).
2. Joan Nation, spouse (Primary), Henry Nation, son (Contingent).
3. Joan Nation, spouse (Primary), Henry Nation and Betty Nation, children (Contingent).
4. Henry Nation and Betty Nation, children (Primary).
5. Henry Nation, John Nation, and Betty Nation, children (Primary).
6. Sara Nation, mother, and George Nation, father (Primary), Jean Nation, sister (Contingent).
7. Estate. (Requires certified copy of "Letters of Office" appointing an executor of the 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).

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