Maryland Supplemental Retirement Plans
Beneficiary Change Form

Personal Information

Plan Type (select one): ☐ 457(b) ☐ 401(k) ☐ 403(b) ☐ 401(a) ☐ Change All

☐ Name Change (with documentation) ☐ Address Change

Name: ______________________ SSN or Account #: ______________________

Address: ______________________

City: ______________________ State: __________ ZIP: __________

Date of Birth: ______________________ Primary Phone : ______________________

Email: ______________________

I, as a participant in the Maryland Supplemental Retirement Plans, do hereby revoke any previous beneficiary information submitted and specify the following. All money shall be paid in the indicated proportions to the following person(s) who are living at the time of my death.

Beneficiary Information

IMPORTANT NOTES: 1) Allocations must total 100% for each category of beneficiary; and **2)** If you designate a single primary or contingent beneficiary and do not list a percentage, the allocation will be designated as 100%.

☐ **I have additional beneficiaries.** If you want to designate more than two of each type of beneficiary, you may attach a page with the additional beneficiary information. Allocations must still total 100% for each category.

Primary Beneficiary(ies) (Allocations 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: __________

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: __________

Authorization

This beneficiary designation applies to all funding options (including life insurance) unless otherwise noted.

Signature: ______________________ **Date:** __________

Important Information Regarding Beneficiaries

Participant Information
Complete the information requested.

Beneficiary Information
A. Complete the information requested for your primary beneficiary(ies). Allocations must total 100% and must be in whole percentages.
B. Complete the information requested for your contingent beneficiary(ies). Allocations must total 100% and must be in whole percentages.
C. "Relationship" may consist of options, such as spouse, child, sibling, parent, estate, friend, other, etc...

Participant Certification
Read carefully, sign, and date the form, or your request cannot be processed.

Mail or fax form to:
Nationwide Retirement Solutions
11350 McCormick Road
Executive Plaza 1 - Suite 400
Hunt Valley, MD 21031

Phone: 1-(800) 966-6355
Fax: 1-(410) 697-5572

To designate a beneficiary, complete and sign the Beneficiary Designation Form or go online to www.MarylandDC.com. A designation tells MSRP who should receive your assets upon your death. Keep a copy for your records.

Upon your death, "Primary" beneficiaries are the first to receive all your funds. If all your primary beneficiaries die before you do, your funds will pass to your "contingent" beneficiaries.

Your designation generally supersedes any other designation, such as a will, trust, estate, etc. It is extremely important that you keep your designation consistent with your wishes. Any change, including the address of a beneficiary, requires that you submit a new designation. Changes will be effective upon receipt and must be received by our recordkeeper, Nationwide Retirement Solutions (NRS) prior to your death.

When you designate a beneficiary and/or change your designation, NRS mails you a confirmation. Beneficiary information appears on your statement and online.

Primary and/or Contingent Beneficiaries
Birth date and relationship information must be provided. If more than one primary and/or contingent is listed, your funds will be divided equally unless you clearly state otherwise. Percentages must be in whole percentages and they must total 100% for each section.

You may designate as many primary and/or contingent beneficiaries as you wish. If needed, attach an additional sheet of paper, that includes your SSN, signature, and the date. Check the box indicating that you have attached an additional sheet. Failure to provide the information requested may delay processing.

Other Information to Consider
You may designate non-individuals, such as your probated estate, charities, organizations, trust, etc.
You may not designate another person's estate as a beneficiary. If you are a beneficiary, you may not designate a beneficiary, your funds will be paid to your trust or if none exists to your estate.

Trust
If you have established a legal trust, the trust may be named as a primary beneficiary or a contingent beneficiary. A trust may also be designated to be a sole beneficiary or as one of the beneficiaries or one of multiple beneficiaries. Special rules may apply to trusts. You are advised to contact a tax or estate planner before designating a trust as your beneficiary. To avoid delays in processing, please include the following when designating a trust as a beneficiary:
- Trust paperwork showing the creation of the trust
- Trustee signatures
- EIN number for the trust