

# County of San Diego

## Beneficiary Change Form

<b>Participant Information</b> (please print)	Name		Social Security Number	
	Address		Date of Birth	
	City, State, & Zip Code		Contact Phone Number	
	Department		Email Address	

**Check here if this is a change of beneficiary.** (Beneficiaries listed below replace any prior designation). **PLEASE NOTE:** Percentage split must total 100%, and must be in whole percentages. **If additional space for beneficiaries is required, please complete and attach additional sheets with all of the required information below, then mark this box:**

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Beneficiary Name	Social Security Number	%Split
	Address		Date of Birth
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Beneficiary Name	Social Security Number	%Split
	Address		Date of Birth
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Beneficiary Name	Social Security Number	%Split
	Address		Date of Birth

**Spousal/ Domestic Partner Beneficiary Disclosure**

**Note:** The County of San Diego Deferred Compensation Plan has required that spousal/domestic partner consent language be added. If you are married or in a registered domestic partnership and do not name your spouse/partner as at least fifty percent (50%) primary beneficiary, you should have your spouse/partner sign below. **I hereby consent to the foregoing designation of beneficiary(ies):**

Spouse's/Registered Domestic Partner's Signature	Date
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**Authorization**

This designation supercedes 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
Witness Signature (NOTE: Witness cannot be a named beneficiary)	Date
Witness Name & Address	Witness City, State, and Zip Code

**Mail completed form to: Nationwide Retirement Solutions**  
**P.O. Box 182797**  
**Columbus, Ohio 43218-2797**

# Model Beneficiary Designations

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*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 the signature page of the Trust. This is the page that has the trustee's signature).**

*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.

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