



SDRS Supplemental Retirement Plan Beneficiary Change Form

SUPPLEMENTAL RETIREMENT PLAN • 222 East Capitol Ave. Ste. 1 • Pierre, South Dakota 57501-2564 • Phone: (605) 224-2230

Type of Request

New Designation Change of Designation

Personal Information

Name: _____ SSN: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Beneficiary Designation

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

Primary Beneficiary(ies) Designation (must total 100%)- I hereby designate the following Primary Beneficiary(ies) to receive in the event of my death, the benefits, if any, then payable under the Plan, except benefits payable to any designated Joint Annuitant.

1. Full Name: _____ Date of Birth: _____

Relationship: _____ SSN: _____ Phone: _____ Split: _____%

2. Full Name: _____ Date of Birth: _____

Relationship: _____ SSN: _____ Phone: _____ Split: _____%

Contingent Beneficiary(ies) Designation (must total 100%) - In the event all Primary Beneficiary(ies) designated above predecease(s) me. I hereby designate the following Contingent Beneficiary(ies) to receive the benefits, if any, payable under the Plan except benefits payable to any designated Joint Annuitant.

1. Full Name: _____ Date of Birth: _____

Relationship: _____ SSN: _____ Phone: _____ Split: _____%

2. Full Name: _____ Date of Birth: _____

Relationship: _____ SSN: _____ Phone: _____ Split: _____%

Authorization

This designation supersedes any prior beneficiary designation and shall become effective on the date accepted by the Plan as listed below prior to the account holder's 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 timely on file, benefits will be paid pursuant to the sequence set forth in the Plan Document.

Signature: _____ Date: _____

Accepted for the Plan

Representative Name: _____ Date: _____