



# City of Phoenix 457(b)/ 401(a) Plans Beneficiary Designation Form

## Plans

Check the plan type for which your beneficiary designation applies:

- The City of Phoenix Deferred Compensation Program 457(b)     The City of Phoenix Defined Contribution Plan 401(a)  
 Both Plans

In absence of you checking a box, this form will be used for both the 457(b) and 401(a) plans.

## Personal Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN or Employee ID: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Department: \_\_\_\_\_ Gender:  Male  Female

Email: \_\_\_\_\_

## 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: \_\_\_\_\_

### Contingent Beneficiary(ies) (must total 100%):

4. Full Name: \_\_\_\_\_ Allocation: \_\_\_\_\_%

Relationship: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

5. Full Name: \_\_\_\_\_ Allocation: \_\_\_\_\_%

Relationship: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

6. Full Name: \_\_\_\_\_ Allocation: \_\_\_\_\_%

Relationship: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Minor Beneficiary Designation

If you designate a Primary and/or Contingent beneficiary who is less than 18 years old when you die and you do not designate a custodian under the Arizona Uniform Transfers to Minors Act ["UTMA"] for such minor beneficiary, a guardian may be required to be appointed by the court to receive payment of benefits on behalf of the minor. If you do not wish to name a custodian, you should consult an attorney to make arrangements to limit delays in the payment of funds and avoid unnecessary costs to your estate, in the event that the beneficiary is still a minor when you die.

Please note that although Arizona Revised Statutes (A.R.S.), Title 14, Trusts, Estates, and Protective Proceedings, define a "minor" as a person under the age of 18 years, under ["UTMA"], a "minor" is defined as a person under the age of 21 years.

If you wish to designate custodian(s) for minor beneficiary(ies) under the Arizona Uniform Transfers to Minors Act ("UTMA"), A.R.S. § 14-7651, et. seq., please ask the Plan Administrator for a City of Phoenix 457(b)/401(a) Plans Beneficiary Designation Supplemental Form For Minor Beneficiary Designations, which should be completed in addition to this form. The designation(s) made on that form should match the designation(s) reflected on this City of Phoenix 457(b)/401(a) Plans Beneficiary Designation Form. If the designations do not match, the most recently dated designation(s) shall supersede any previous designation(s) of beneficiary(ies).

## 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 on file, benefits will be paid to the Estate.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness (cannot be a named beneficiary):

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Form Return

By mail: Nationwide Retirement Solutions  
PO Box 182797  
Columbus, OH 43218-2797

By Email: [rpublic@nationwide.com](mailto:rpublic@nationwide.com)  
By fax: 877-677-4329

## 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.