



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

Form with fields: Name, SSN, Date of Birth, Gender, Address, City, State, & ZIP, Home Phone Number, Work Phone Number, Employer Name, Email Address.

Beneficiary 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%):

Form with fields for Name, Relationship, SSN, Phone #, Address, Date of Birth, % Split for two primary beneficiaries.

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

Form with fields for Name, Relationship, SSN, Phone #, Address, Date of Birth, % Split for two contingent beneficiaries.

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.

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.

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 Name & Signature (Witness cannot be a named beneficiary):	Date:

Form Return

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

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.