# Beneficiary Designation
# Governmental 457(b) Plan

**Massachusetts Deferred Compensation SMART Plan** **98966-01**

**For My Information**

- *For questions regarding this form, visit the website at www.mass-smart.com or contact Service Provider at 1-877-457-1900.*
- *Use black or blue ink when completing this form.*

## A Participant Information

*Account extension, if applicable, identifies funds transferred to a beneficiary due to participant's death, alternate payee due to divorce or a participant with multiple accounts.*

Account Extension

Social Security Number *(Must provide all 9 digits)* ☐☐☐ - ☐☐ - ☐☐☐☐

Last Name First Name M.I.

Date of Birth / /

Email Address

Daytime Phone Number ( )

❑ Married ❑ Unmarried

Alternate Phone Number ( )

## B Beneficiary Designation *(Attach an additional sheet to name additional beneficiaries.)*

### Primary Beneficiary Designation *(Primary beneficiary designations must total 100% in whole percentages.)*

- See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.

| % of Account Balance | Primary Beneficiary Name *(Name of Individual, Trust, Charity, etc.)* | Relationship | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
|---|---|---|---|---|
| % | | | | / / |
| % | | | | / / |
| % | | | | / / |

### Contingent Beneficiary Designation *(Contingent beneficiary designations must total 100% in whole percentages.)*

| % of Account Balance | Contingent Beneficiary Name *(Name of Individual, Trust, Charity, etc.)* | Relationship | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
|---|---|---|---|---|
| % | | | | / / |
| % | | | | / / |
| % | | | | / / |

## C Participant Consent for Beneficiary Designation *(Please sign on the 'Participant Signature' line below.)*

I have completed, understand and agree to all pages of this Beneficiary Designation form. Subject to and in accordance with the terms of the Plan, I am making the above beneficiary designations for my vested account in the event of my death. If I have more than one primary beneficiary, the account will be divided as specified. If a primary beneficiary predeceases me, his or her benefit will be allocated to the surviving primary beneficiaries. Contingent beneficiaries will receive a benefit only if there is no surviving primary beneficiary, as specified. If a contingent beneficiary predeceases me, his or her benefit will be allocated to the surviving contingent beneficiaries. If I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan or applicable law. This designation is effective upon execution and delivery to Service Provider. If any information is missing, additional information may be required prior to recording my designation.

This designation supersedes all prior designations. Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally. **Primary and contingent beneficiaries must separately total 100% in whole percentages.**

I understand that the Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, the Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC website at: http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx.

| Last Name | First Name | M.I. | Social Security Number | 98966-01 Number |
|---|---|---|---|---|

**Participant Consent for Beneficiary Designation** *(Please sign on the 'Participant Signature' line below.)*

Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.

**Participant Signature** _____ **Date *(Required)*** _____

D **Mailing Instructions**

**After all signatures have been obtained, this form can be sent by**

**Fax to:**
Empower Retirement
1-866-745-5766

**OR**

**Regular Mail to:**
Empower Retirement
PO Box 173764
Denver, CO 80217-3764

**OR**

**Express Mail to:**
Empower Retirement
8515 E. Orchard Road
Greenwood Village, CO 80111

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*This page is for informational purposes only - Do not return with the Beneficiary Designation form*

## EXAMPLE BENEFICIARY DESIGNATIONS

### Example 1: Multiple Individuals as Beneficiaries

B **Beneficiary Designation** ***(Attach an additional sheet to name additional beneficiaries.)***

**Primary Beneficiary Designation** ***(Primary beneficiary designations must total 100% in whole percentages.)***

- See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.

| % of Account Balance | Primary Beneficiary *(Name of Individual, Trust, Charity, etc.)* | Relationship | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
|---|---|---|---|---|
| 33 % | John M. Doe | Brother | XXX-XX-XXXX | 01/06/1954 |
| 33 % | Don M. Doe | Brother | XXX-XX-XXXX | 01/06/1954 |
| 34 % | Michelle L. Doe | Sister | XXX-XX-XXXX | 01/06/1957 |

### Example 2: Trust as Beneficiary

B **Beneficiary Designation** ***(Attach an additional sheet to name additional beneficiaries.)***

**Primary Beneficiary Designation** ***(Primary beneficiary designations must total 100% in whole percentages.)***

- See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.

| % of Account Balance | Primary Beneficiary *(Name of Individual, Trust, Charity, etc.)* | Relationship | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
|---|---|---|---|---|
| 100 % | Trust of Jane Doe | Trust | XX-XXXXXXX | 06/30/2015 |

### Example 3: Estate as Beneficiary

B **Beneficiary Designation** ***(Attach an additional sheet to name additional beneficiaries.)***

**Primary Beneficiary Designation** ***(Primary beneficiary designations must total 100% in whole percentages.)***

- See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.

| % of Account Balance | Primary Beneficiary *(Name of Individual, Trust, Charity, etc.)* | Relationship | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
|---|---|---|---|---|
| 100 % | Estate of Anne Doe | Estate | | / / |

### Example 4: Charity as Beneficiary

B **Beneficiary Designation** ***(Attach an additional sheet to name additional beneficiaries.)***

**Primary Beneficiary Designation** ***(Primary beneficiary designations must total 100% in whole percentages.)***

- See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.

| % of Account Balance | Primary Beneficiary *(Name of Individual, Trust, Charity, etc.)* | Relationship | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date |
|---|---|---|---|---|
| 100 % | ABC Charity | Charity | XX-XXXXXXX | / / |

Examples