# CalPERS Supplemental Income 457 Plan

California Public Employees' Retirement System (CalPERS)
CalPERS Supplemental Income 457 Plan **(the "Plan")**
https://calpers.ingplans.com

P.O. Box 2647
Lewiston, ME 04241
1-800-260-0659

## BENEFICIARY DESIGNATION FORM

***Complete this form to designate beneficiary (ies) who will receive your CalPERS Supplemental Income 457 Plan benefits in the event of your death.***

☐ **New Enrollment** ☐ **Change of Beneficiary**

## I. PARTICIPANT INFORMATION

| Last Name | First Name | Middle Initial | Social Security Number | Birth Date |
|---|---|---|---|---|
| | | | | |

| Mailing Address (number and street) | City | State | Zip Code |
|---|---|---|---|
| | | | |

| Telephone Number (work) | Telephone Number (home) | Email Address |
|---|---|---|
| | | |

## II. EMPLOYER INFORMATION

**Employer Name:**

**Agency Plan Number: 450 - ___ ___ ___**

## III. BENEFICIARY INFORMATION

In the event of your death, your 457 account will be paid to the primary beneficiary (ies) you name below. You may name a Trust as a primary or secondary beneficiary.

Print the beneficiaries' names, social security numbers, and their relationship to you, their birth date and the percentages for each named beneficiary. The total percentages for BOTH of the primary and secondary beneficiary election must equal 100%. Whole integers only (example: you may not indicate 33 1/3%, or 30.5%).

At least one Primary Beneficiary (ies) designation is required in order to complete the enrollment process. The total allocated percentage for your Primary Beneficiary (ies) must equal 100%. If you are legally married or in a registered domestic partnership, but do not name your spouse or your domestic partner as your sole (100%) primary beneficiary, he or she may still be entitled to a community property share of your account. CalPERS cannot be responsible for a participant's failure to properly designate a beneficiary in accordance with state law requirements. Please be advised that failure to meet state law requirements with respect to your beneficiary designation may result in your beneficiary designation being invalid and the payment of your account to someone other than your designated beneficiary.

If you choose to name a sole (100%) primary beneficiary that is not your spouse or domestic partner, your spouse or domestic partner will need to complete the spousal waiver section below acknowledging the beneficiary (ies) that you are designating. You and your spouse or domestic partner's signature must also be notarized by a notary public. See the next page for notary signature.

### PRIMARY BENEFICIARY (IES) (ATTACH SEPARATE SHEET IF NECESSARY)

| Last name | First name | Middle Initial | Social Security Number (optional) | Relationship to you | Birth date | Allocated Percentage **(must total 100% and be in whole integers)** |
|---|---|---|---|---|---|---|
| | | | | | | % |
| | | | | | | % |
| | | | | | | % |
| | | | | | | % |

If your primary beneficiary(ies) is not living at the time of your death, your 457 account will be paid to the secondary (contingent) beneficiary(ies) you name below.

### SECONDARY/CONTINGENT BENEFICIARY (IES) (ATTACH SEPARATE SHEET IF NECESSARY)

| Last name | First name | Middle Initial | Social Security Number (optional) | Relationship to you | Birth date | Allocated Percentage **(must total 100% and be in whole integers)** |
|---|---|---|---|---|---|---|
| | | | | | | % |
| | | | | | | % |
| | | | | | | % |
| | | | | | | % |

## V. SIGNATURES REQUIRED

| Participant's Signature | Date |
|---|---|
| | |

Are you legally married or in a Domestic Partnership?
☐ no ☐ yes

Note: Spousal/Domestic Partner's signature is required if not named as the sole (100%) primary beneficiary.

Spousal/Domestic Partner Waiver: I understand that I have not been named as the sole (100%) primary beneficiary and that in signing below, I have waived my right to receive the account balance or benefits payable from this Plan in the event of my spouse's or domestic partner's death.

| Signature of Spouse or Domestic Partner: | Date |
|---|---|
| | |

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# BENEFICIARY DESIGNATION FORM

**COMPLETE ONLY IF YOU HAVE NOT CHOSEN TO NAME YOUR SPOUSE AS PRIMARY BENEFICIARY**

**State of California**

County of _____

On _____before me,_____
Name & Title of Officer

personally appeared,_____

and _____

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under **penalty of perjury** under the laws of the State of California that the foregoing paragraph is true and correct.

**Notary Seal**

**Witness my hand and official seal**

_____
Signature of Notary Public  Date