



Beneficiary Designation Governmental 457(b) Plan

Use black or blue ink when completing this form. For questions regarding this form, contact Service Provider at 1-800-922-7772.

98986-01 State of Tennessee 457 Plan

A Participant Information			
Social Security Number _____		Account Extension _____	
Last Name _____		First Name _____	M.I. _____
Street Address _____		Date of Birth () / () / ()	
City _____		State _____	Zip Code _____
Email Address _____		Personal Phone Number () / () / ()	
Department/Payroll Center _____		Work Phone Number _____	
		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried	

B Primary Beneficiary Designation		
% of Account Balance _____	Primary Beneficiary Name _____	Relationship _____
% of Account Balance _____	Primary Beneficiary Name _____	Relationship _____
% of Account Balance _____	Primary Beneficiary Name _____	Relationship _____

Contingent Beneficiary Designation		
% of Account Balance _____	Contingent Beneficiary Name _____	Relationship _____
% of Account Balance _____	Contingent Beneficiary Name _____	Relationship _____
% of Account Balance _____	Contingent Beneficiary Name _____	Relationship _____

C Participant Consent	
<p>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, their share will be allocated among 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.</p> <p>This designation supercedes 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.</p> <p>I understand that 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, 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 Web site at: http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx.</p> <p>Any person who presents false or fraudulent information is subject to criminal and civil penalties.</p>	
Participant Signature _____	Date (Required) _____



