



## Beneficiary Designation Governmental 457(b) Plan

Use black or blue ink when completing this form. For questions regarding this form, contact Service Provider at 1-888-457-9460.

### 98994-01 City of Los Angeles Deferred Compensation Plan

#### A Participant Information

Social Security Number	Account Extension	<i>Account extension identifies funds transferred to a beneficiary due to death, alternate payee due to divorce or a participant with multiple accounts.</i>	
Last Name	First Name	M.I.	Date of Birth ( ) / /
Street Address	Personal Phone Number ( )		
City	State	Zip Code	Work Phone Number
Email Address	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried		
Payroll Center			

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

If I am married, my Plan requires my spouse as primary beneficiary for 100% or my spouse consents to my beneficiary designation.

%				/ /
% of Account Balance	Primary Beneficiary Name	Relationship	Social Security Number	Date of Birth
%				/ /
% of Account Balance	Primary Beneficiary Name	Relationship	Social Security Number	Date of Birth
%				/ /
% of Account Balance	Primary Beneficiary Name	Relationship	Social Security Number	Date of Birth

#### Contingent Beneficiary Designation

%				/ /
% of Account Balance	Contingent Beneficiary Name	Relationship	Social Security Number	Date of Birth
%				/ /
% of Account Balance	Contingent Beneficiary Name	Relationship	Social Security Number	Date of Birth
%				/ /
% of Account Balance	Contingent Beneficiary Name	Relationship	Social Security Number	Date of Birth

#### C Signatures and Consent

##### Participant Consent

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 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>.

Important Notice: If I am married and I elect a primary beneficiary other than my spouse or in addition to my spouse, my spouse must consent by signing the Spousal Consent section of this form.

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

Participant Signature \_\_\_\_\_ Date (Required) \_\_\_\_\_



Last Name

First Name

M.I.

Social Security Number

Number

**Spousal Consent****Dates of the participant's spouse signature and notarization must match.**

I, (name of spouse) \_\_\_\_\_, the current spouse of the participant, hereby voluntarily consent to the participant's primary beneficiary designation above and understand its effect. I understand that by providing such consent I am waiving my right to receive either all (if I am not designated as a primary beneficiary) or a percentage (if I and another person are designated as primary beneficiaries) of the participant's vested account which would otherwise be payable to me upon the participant's death. I understand that my consent is irrevocable unless my spouse changes beneficiary designation, or designates me as a primary beneficiary to receive his or her entire vested account balance.

**Spouse Signature** \_\_\_\_\_ **Date (Required)** \_\_\_\_\_

**Witness of Spouse's Signature**

*The spouse's signature must be witnessed by a Notary Public.*

**Statement of Notary****NOTE: Notary seal must be visible.**

State of \_\_\_\_\_ ) The consent to this request was subscribed and sworn (*or affirmed*)  
 )ss. \_\_\_\_\_ to before me on this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_, by  
 \_\_\_\_\_ (*name of spouse*)  
 County of \_\_\_\_\_ ) proved to me on the basis of satisfactory evidence to be the person who  
 appeared before me, who affirmed that such consent represents his/her free  
 and voluntary act.

**SEAL**

Notary Public Signature \_\_\_\_\_ My commission expires \_\_\_\_\_

**D Mailing Instructions****Participant forward to Great-West Retirement Services®**

Great-West Retirement Services®  
 Regular Mail:  
 PO Box 173764  
 Denver, CO 80217-3764

Phone: 1-888-457-9460  
 Fax: 1-866-745-5766  
 Website: www.cityofla457.com

Express Mail:  
 8515 E. Orchard Road  
 Greenwood Village, CO 80111

Great-West Financial<sup>SM</sup> refers to products and services provided by Great-West Life & Annuity Insurance Company; Great-West Life & Annuity Insurance Company of New York, White Plains, New York; their subsidiaries and affiliates. Great-West Retirement Services® refers to products and services provided by Great-West Life & Annuity Insurance Company, FAScore, LLC (FAScore Administrators, LLC in California), Great-West Life & Annuity Insurance Company of New York, White Plains, New York, and their subsidiaries and affiliates. Great-West Life & Annuity Insurance Company is not licensed to conduct business in New York. Insurance products and related services are sold in New York by its subsidiary, Great-West Life & Annuity Insurance Company of New York. Other products and services may be sold in New York by FAScore, LLC.