

1. INSTRUCTIONS

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

Print the beneficiaries' names, addresses, social security numbers, dates of birth, and their relationship to you, and the percentage for each named beneficiary.

If you designate a trust as a beneficiary, please include the trust's name and date. Examples include: **(1)** Fred C. Smith, Trustee of Trust created under my Will dated August 2, 2013 **(2)** George Smith and Clara Smith, Trustees of the George Smith and Clara Smith Living Trust dated August 2, 2013 **(3)** Fred C. Smith, Successor Trustee of the George Smith and Clara Smith Living Trust dated August 2, 2013.

2. PARTICIPANT INFORMATION (please print clearly)

NAME: _____ SOCIAL SECURITY NUMBER: _____

CalPERS ID (Optional): _ _ _ _ _

EMPLOYER NAME: _____ AGENCY PLAN NUMBER: 4 5 _ _ _

PARTICIPANT MAILING ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP CODE: _____

WORK PHONE: _____ HOME PHONE: _____ E-MAIL: _____

MARITAL STATUS: ☐ I am married: If my spouse/domestic partner is not the sole Primary Beneficiary, my spouse/domestic partner has signed the spousal consent (section 4). ☐ I am NOT married

3. PRIMARY BENEFICIARY(IES)

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 are married or in a registered domestic partnership and your spouse/domestic partner is not the sole primary beneficiary, please note that your spouse must complete **Section 4**. If you need to add additional names use the back of this form.

Full Name and Address	Social Security Number	Date of Birth	Relationship to You	Percent of Benefit
1 _____ _____ _____	____ - ____ - ____ ____ - ____ - ____ ____ - ____ - ____	____ - ____ - ____ M M D D Y Y Y Y ____ - ____ - ____ M M D D Y Y Y Y ____ - ____ - ____ M M D D Y Y Y Y		_____%
2 _____ _____ _____	____ - ____ - ____ ____ - ____ - ____ ____ - ____ - ____	____ - ____ - ____ M M D D Y Y Y Y ____ - ____ - ____ M M D D Y Y Y Y ____ - ____ - ____ M M D D Y Y Y Y		_____%
3 _____ _____ _____	____ - ____ - ____ ____ - ____ - ____ ____ - ____ - ____	____ - ____ - ____ M M D D Y Y Y Y ____ - ____ - ____ M M D D Y Y Y Y ____ - ____ - ____ M M D D Y Y Y Y		_____%
Total must equal 100%.				100%

4. SPOUSAL CONSENT (If spouse/domestic partner is not the sole primary beneficiary)

Your spouse/domestic partner must consent and acknowledge by signing below if he/she is not the sole primary beneficiary.

I hereby consent to the foregoing election by my spouse/domestic partner, to have all or part of his/her benefits paid to a person other than me as set forth in Section 3 above. I understand **(1)** that the effect of such designation is to cause all or part of my spouse/domestic partner's death benefit to be paid to a beneficiary other than me; **(2)** that each beneficiary designated is not valid unless I consent to it; and **(3)** that my consent is irrevocable unless my spouse/domestic partner revokes the beneficiary designation.

I hereby acknowledge that I have had the opportunity to consult with an attorney or other professional concerning this waiver, if I had so desired.

Executed this _____ day of _____ 20 _____

Spouse/Domestic Partner's Signature

Print Name

WITNESSED BY:

Notary Signature

Print Name

5. CONTINGENT BENEFICIARY(IES)

If your primary beneficiary(ies) dies before you, then Plan benefits will be distributed to your Contingent Beneficiary(ies).

Full Name and Address	Social Security Number	Date of Birth	Relationship to You	Percent of Benefit
1 _____ _____ _____	____ - ____ - ____ ____	____ - ____ - ____ - ____ - ____ M M D D Y Y Y Y		_____%
2 _____ _____ _____	____ - ____ - ____ ____	____ - ____ - ____ - ____ - ____ M M D D Y Y Y Y		_____%
3 _____ _____ _____	____ - ____ - ____ ____	____ - ____ - ____ - ____ - ____ M M D D Y Y Y Y		_____%
4 _____ _____ _____	____ - ____ - ____ ____	____ - ____ - ____ - ____ - ____ M M D D Y Y Y Y		_____%
Total must equal 100%.				100%

If none of the above-named beneficiary(ies) survive me, all benefits under the Plan will be distributed according to the provisions stated in the Plan Document.

6. AUTHORIZED SIGNATURE

Subject to the spousal consent requirements, I understand that I may revoke or change this designation at any time by filing a new designation of beneficiary in writing with the Plan and that by doing so, I revoke all prior designations.

I hereby certify, under penalty of perjury, that the information furnished herein is true, accurate and complete.

PARTICIPANT'S SIGNATURE

PRINT PARTICIPANT'S NAME

DATE

You will receive a confirmation statement of your beneficiary designation. Beneficiary information may also be viewed on the Plan Web site.

Please submit your completed form by fax or mail:

FAX DELIVERY:

Voya Financial
Attn: CalPERS
1-888-228-6185

US MAIL DELIVERY:

Voya Financial
Attn: CalPERS
P.O. Box 389
Hartford, CT 06141

OVERNIGHT DELIVERY:

Voya Financial
Attn: CalPERS
One Orange Way
Windsor, CT 06095

If you have any questions, you may call the Help Line at 1-800-260-0659, or to obtain additional plan or account information, please access your account at <https://calpers.voya.com>. Customer Service Representatives are available Monday through Friday, 6:00 A.M. to 5:00 P.M. Pacific Time (excluding stock market holidays).

BENEFICIARY DESIGNATION CHECKLIST

Make sure you have completed all of the steps below before you return your form. Check them off as you complete them.

- ☐ **SECTION 1:** Read the required instructions.
- ☐ **SECTION 2:** Provided complete participant information including name, SSN and marital status.
- ☐ **SECTION 3:** Provided your Primary Beneficiary(ies). Make sure you have completed all the sections and that your percentages of benefit total 100%.
- ☐ **SECTION 4:** Has the Spousal consent section been signed and notarized (with an official notary stamp or seal) if you are married and do not name your spouse/domestic partner as your sole Primary Beneficiary.
- ☐ **SECTION 5:** Completed the Contingent Beneficiaries section (only if you want to have contingent beneficiaries). The total percent equals 100% of benefit.
- ☐ **SECTIONS 3 & 5:** Listed the name, address, social security number, birth date and relationship of all Beneficiaries.
- ☐ **SECTION 6:** Signed and dated your Beneficiary Designation (Authorized Signature). Must be dated in the last 90 days.
- ☐ Made a copy for your records and submitted the original to the address indicated above.