Beneficiary Designation
Governmental 457(b) Plan

City and Borough of Sitka **98335-01**

For My Information

- *For questions regarding this form, visit the Web site at www.empower-retirement.com/participant or contact Service Provider at 1-800-701-8255.*
- *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 ( )

Division

Alternate Phone Number ( )

☐ Married ☐ Unmarried

B Beneficiary Designation

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

% 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
%				/ /
%				/ /
%				/ /

C Participant Consent for Beneficiary Designation

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.**

If I currently have Joint Covered Persons elected for any Guaranteed Lifetime Withdrawal Benefit, the primary beneficiary on the account cannot be updated.

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 Web site at: http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx.

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

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

Last Name	First Name	M.I.	Social Security Number	98335-01 Number

D Mailing Instructions

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

Fax to:	OR	**Regular Mail to:**	OR	**Express Mail to:**
1-866-745-5766		Empower Retirement PO Box 173764 Denver, CO 80217-3764		Empower Retirement 8515 E. Orchard Road Greenwood Village, CO 80111

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