Beneficiary Designation
401(a) Plan

State of Alaska Supplemental Annuity Plan **98214-03**

For My Information

- *For questions regarding this form, visit the website at www.akdrb.com or contact Service Provider at 1-800-232-0859.*
- *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 ( )

❑ Married ❑ Unmarried

Alternate Phone Number ( )

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

Primary Beneficiary Designation *(Primary beneficiary designations must total 100% in whole percentages.)*

- If I am married, my Plan requires my spouse to be named as primary beneficiary for at least 50% of my account balance, or my spouse must consent to my beneficiary designation.
- See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.

%

% of Account Balance | Primary Beneficiary Name *(Name of Individual, Trust, Charity, etc.)* | Relationship | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date / /

Street Address | City | State | Zip Code

Phone Number *(Optional)* ( )

%

% of Account Balance | Primary Beneficiary Name *(Name of Individual, Trust, Charity, etc.)* | Relationship | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date / /

Street Address | City | State | Zip Code

Phone Number *(Optional)* ( )

%

% of Account Balance | Primary Beneficiary Name *(Name of Individual, Trust, Charity, etc.)* | Relationship | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date / /

Street Address | City | State | Zip Code

Phone Number *(Optional)* ( )

Contingent Beneficiary Designation *(Contingent beneficiary designations must total 100% in whole percentages.)*

%

% of Account Balance | Contingent Beneficiary Name *(Name of Individual, Trust, Charity, etc.)* | Relationship | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date / /

Street Address | City | State | Zip Code

Phone Number *(Optional)* ( )

Last Name	First Name	M.I.	Social Security Number	98214-03 Number

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

Contingent Beneficiary Designation *(Contingent beneficiary designations must total 100% in whole percentages.)*

% of Account Balance	Contingent Beneficiary Name *(Name of Individual, Trust, Charity, etc.)*	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
%				/ /

Street Address	City	State	Zip Code

( )
Phone Number *(Optional)*

% of Account Balance	Contingent Beneficiary Name *(Name of Individual, Trust, Charity, etc.)*	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
%				/ /

Street Address	City	State	Zip Code

( )
Phone Number *(Optional)*

C Signatures and Consent *(Signatures must be on the lines provided.)*

Participant Consent for Beneficiary Designation *(Please sign on the 'Participant Signature' line below.)*

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 website 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 for Beneficiary Designation section of this form.

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	98214-03 Number

C Signatures and Consent *(Signatures must be on the lines provided.)*

Spousal Consent for Beneficiary Designation *(If applicable, please have the Spouse sign on the 'Spouse's Signature' line below.)*

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 my spouse's beneficiary designation means that I will not receive 100% of his or her vested account balance under the Plan and that my spouse's election is not valid unless I consent to it. I understand that my consent is irrevocable unless my spouse changes the beneficiary designation, or designates me to receive 100% of his or her vested account balance.

Spouse's Signature _____ **Date *(Required)*** _____

For Residents of all states (except California), please have your notary complete the section below.

Notice to California Notaries using the California Affidavit and Jurat Form the following items must be completed by the notary on the state notary form: the title of the form, the plan name, the plan number, the document date, my name and my spouse's name. The notary forms not containing this information will be rejected and it will delay this request.

My signature must be notarized by a Notary Public or witnessed by my spouse's Plan Administrator. The date I sign this form in the 'My Consent' section must match the date on which my signature is notarized or witnessed in this section.

This form may also be signed in front of a Postmaster or Division of Retirement and Benefits Representative.

Statement of Notary

State of _____)
Judicial District or)ss.
County of _____)

NOTE: Notary seal must be visible.

The consent to this request was subscribed and sworn *(or affirmed)* to before me on this_____ day of _____, year _____, by ***(name of spouse)*** _____

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 _____ My commission expires ____/____/_____

Authorized Plan Administrator Signature *(Please sign on the 'Authorized Plan Administrator Signature' line below.)*

I accept the information provided by the participant on this form.

If Spousal Consent notarization is not obtained, I certify that the consent was signed by the spouse of the participant in my presence. The date that I sign this form must match the date the participant's spouse has signed.

Authorized Plan Administrator Signature _____ **Date *(Required)*** _____

D Mailing Instructions

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

Fax to:
Empower Retirement
1-303-801-5800

OR

Regular Mail to:
Empower Retirement
PO Box 173764
Denver, CO 80217-3764

OR

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

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This page is for informational purposes only - Do not return with the Beneficiary Designation form

EXAMPLE BENEFICIARY DESIGNATIONS

Example 1: Multiple Individuals as Beneficiaries

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

Primary Beneficiary Designation ***(Primary beneficiary designations must total 100% in whole percentages.)***

- If I am married, my Plan requires my spouse to be named as primary beneficiary for at least 50% of my account balance, or my spouse must consent to my beneficiary designation.
- See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.

% of Account Balance	Primary Beneficiary *(Name of Individual, Trust, Charity, etc.)*	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
33 %	John M. Doe	Brother	XXX-XX-XXXX	01/06/1954

Street Address	City	State	Zip Code
111 Elm Street	Anytown	MO	60000

Phone Number *(Optional)*: (XXX) XXX-XXXX

% of Account Balance	Primary Beneficiary *(Name of Individual, Trust, Charity, etc.)*	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
33 %	Don M. Doe	Brother	XXX-XX-XXXX	01/06/1954

Street Address	City	State	Zip Code
222 North Avenue	Anytown	CA	90000

Phone Number *(Optional)*: (XXX) XXX-XXXX

% of Account Balance	Primary Beneficiary *(Name of Individual, Trust, Charity, etc.)*	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
34 %	Michelle L. Doe	Sister	XXX-XX-XXXX	01/06/1957

Street Address	City	State	Zip Code
333 West Blvd	Anytown	CO	80000

Phone Number *(Optional)*: (XXX) XXX-XXXX

Example 2: Trust as Beneficiary

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

Primary Beneficiary Designation ***(Primary beneficiary designations must total 100% in whole percentages.)***

- If I am married, my Plan requires my spouse to be named as primary beneficiary for at least 50% of my account balance, or my spouse must consent to my beneficiary designation.
- See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.

% of Account Balance	Primary Beneficiary *(Name of Individual, Trust, Charity, etc.)*	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
100 %	Trust of Jane Doe	Trust	XX-XXXXXXX	06/30/2015

Street Address	City	State	Zip Code
150 Main Street	Anytown	MO	60000

Phone Number *(Optional)*: (XXX) XXX-XXXX

Example 3: Estate as Beneficiary

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

Primary Beneficiary Designation ***(Primary beneficiary designations must total 100% in whole percentages.)***

- If I am married, my Plan requires my spouse to be named as primary beneficiary for at least 50% of my account balance, or my spouse must consent to my beneficiary designation.
- See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.

% of Account Balance	Primary Beneficiary *(Name of Individual, Trust, Charity, etc.)*	Relationship	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
100 %	Estate of Anne Doe	Estate		/ /

Street Address	City	State	Zip Code
45 East Road	Anytown	MO	60000

Phone Number *(Optional)*: (XXX) XXX-XXXX

Example

Example 4: Charity as Beneficiary

B	**Beneficiary Designation** ***(Attach an additional sheet to name additional beneficiaries.)***			
	Primary Beneficiary Designation ***(Primary beneficiary designations must total 100% in whole percentages.)***			
	• If I am married, my Plan requires my spouse to be named as primary beneficiary for at least 50% of my account balance, or my spouse must consent to my beneficiary designation. • See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.			
	100 %	ABC Charity	Charity	XX-XXXXXXX / /
	% of Account Balance	Primary Beneficiary *(Name of Individual, Trust, Charity, etc.)*	Relationship	Social Security or Taxpayer Identification Number / Date of Birth or Trust Date
	75 South Place	Anytown	CO	80000
	Street Address	City	State	Zip Code
	(XXX) XXX-XXXX			
	Phone Number *(Optional)*			

Examples