



# Beneficiary Designation Instructions

City of West Palm Beach  
 Human Resources Department  
 1000 45th Street, Unit 12  
 West Palm Beach, FL 33407  
**Phone: (561) 659-8028**

## City of West Palm Beach

<b>Good Order</b>	Good Order is receipt of this form accurately completed, and must include the date and signature of you, the Participant. If this form is not received in Good Order, as determined by the Employer, it may be returned to you for correction and processed upon resubmission in Good Order to the Employer.
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<b>Instructions for completing the Beneficiary Designation Form</b>	<ol style="list-style-type: none"> <li>You are permitted to designate a Beneficiary under both Plans.</li> <li>If you participate in both Plans and wish to designate a different Beneficiary(ies) under each Plan, you must complete two separate forms and indicate for which Plan the designation applies. If you wish to designate the same Beneficiary(ies) under both Plans, you only need to complete one form and indicate that the same designation applies to both Plans.</li> <li>Participant's signature should be witnessed. The witness need not be a Notary Public.  <b>Note: A person designated as a Beneficiary should not act as a witness.</b></li> <li>Please indicate your full legal name and the full legal name of each designated Beneficiary(ies).           <ul style="list-style-type: none"> <li>A married woman should be indicated by her own given name, not that of her husband.                Example: Mary N. Jones, not Mrs. John R. Jones</li> <li>Do not designate a Beneficiary by relationship or class (<i>e.g., my children</i>). Each Beneficiary must be specifically named.</li> </ul> </li> <li>If more than one Beneficiary is designated, payment will be made in the percentages designated (<i>or in equal shares</i>) to the <b>Primary Beneficiaries</b> who survive the Participant, or if none survive the Participant, payment will be made in the percentages designated (<i>or in equal shares</i>) to the <b>Contingent Beneficiaries</b> who survive the Participant.</li> <li>Your Beneficiary data will be administered based on the Right of Survivorship. This means that, in order to receive a death benefit a Beneficiary must be living. For example, if you named three equal Primary Beneficiaries and one were to predecease you, the surviving Beneficiaries would receive the full value of your Plan account (<i>i.e., 50% to each living Beneficiary</i>).</li> <li>If there are no surviving Primary or Contingent Beneficiaries, payment will be made pursuant to terms of the Plan.</li> <li>If you need further assistance, please contact <b>Human Resources</b> at the number above.</li> <li>Please keep a copy for your records. Mail the original to the address shown on this form.</li> </ol>
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<b>Common Beneficiary Designations</b>	<b>Type of Beneficiary</b>	<b>Examples of Designation(s)</b>
	One Beneficiary	Mary R. Jones, Spouse, 100% Primary
	Two or more Beneficiaries	Mary R. Jones, Spouse, 34% Primary Eric A. Jones, Jr., Child, 33% Primary Kevin R. Jones, Child, 33% Primary
	Primary and Contingent Beneficiaries	Mary R. Jones, Spouse, 100% Primary Eric A. Jones, Jr., Child, 50% Contingent Kevin R. Jones, Child, 50% Contingent
	Participant's Estate	Participant's Estate
	Trustee	John Doe, Trustee under trust agreement* dated . . . * IRS Regulations apply when a trust is named as Beneficiary.



# Beneficiary Designation

Initial Designation

Change to Designation

Mail or Deliver completed form to:

City of West Palm Beach  
 Human Resources Department  
 1000 45th Street, Unit 12  
 West Palm Beach, FL 33407  
 Phone: (561) 659-8028

<b>Plan Information</b> Check appropriate box.	I wish to designate the following Beneficiary(ies) to receive the payment of benefits under the following Plan(s) upon my death.	
	<input type="checkbox"/> 401(a)	Plan Name <b>City of West Palm Beach Defined Contribution Plan</b>
	<input type="checkbox"/> 457	Plan Name <b>City of West Palm Beach Deferred Compensation Plan</b>
<input type="checkbox"/> Both		

<b>Participant Information</b>	Participant Name (Last, First, Middle Initial)	Social Security No.
	Daytime Telephone No. ( ) ( )	Evening Telephone No. ( ) ( )

<b>Beneficiary Information</b> Please print. Changes must be initialed by the Participant. If additional space is needed, attach a separate page and include all the information shown here. * Total Percentage must equal 100% for Primary Beneficiary(ies) and 100% for Contingent Beneficiary(ies) (if designated). ** Contingent Beneficiary(ies) will only receive payment if all Primary Beneficiaries have predeceased the Participant.	Beneficiary Name and Address (complete legal name required)		<input checked="" type="checkbox"/> Primary Beneficiary	Percentage*	
	Relationship	Social Security No.	Date of Birth (mm/dd/yyyy)		
	Beneficiary Name and Address (complete legal name required)		<input type="checkbox"/> Primary Beneficiary OR <input type="checkbox"/> Contingent Beneficiary**	Percentage*	
	Relationship	Social Security No.	Date of Birth (mm/dd/yyyy)		
	Beneficiary Name and Address (complete legal name required)		<input type="checkbox"/> Primary Beneficiary OR <input type="checkbox"/> Contingent Beneficiary**	Percentage*	
	Relationship	Social Security No.	Date of Birth (mm/dd/yyyy)		
	Beneficiary Name and Address (complete legal name required)		<input type="checkbox"/> Primary Beneficiary OR <input type="checkbox"/> Contingent Beneficiary**	Percentage*	
	Relationship	Social Security No.	Date of Birth (mm/dd/yyyy)		
	Beneficiary Name and Address (complete legal name required)		<input type="checkbox"/> Primary Beneficiary OR <input type="checkbox"/> Contingent Beneficiary**	Percentage*	
	Relationship	Social Security No.	Date of Birth (mm/dd/yyyy)		

<b>Signatures</b>	Unless otherwise noted:	
	<ul style="list-style-type: none"> <li>Subject to the terms of the Plan, I request that any sum becoming due upon my death be payable to the Beneficiary(ies) designated above. I understand this designation will supercede all prior Beneficiary designations made by me under the Plan.</li> <li>If more than one Beneficiary is designated, payment will be made in the percentages designated (or in equal shares) to the <b>Primary Beneficiaries</b> who survive the Participant or, if none survive the Participant, payment will be made in the percentages designated (or in equal shares) to the <b>Contingent Beneficiaries</b> who survive the Participant.</li> <li>If a percentage is not designated, it will be assumed that you wish the value of your Plan Account to be split equally among all Designated Beneficiaries.</li> <li>If no Beneficiary survives the Participant, payment will be made pursuant to the terms of the Plan.</li> </ul>	
	Signed in (City/Town and State)	Date of Participant's Signature (required) (mm/dd/yyyy)
	Participant Name (please print)	Witness Name (please print)
Participant's Signature (required)		Witness's Signature (see instructions)