

# Designation of Beneficiary

## Participant Information:

First Name \_\_\_\_\_ MI \_\_\_ Last \_\_\_\_\_ Employer \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_

This form shall apply to the following accounts held with TCG Administrators:

401(k)    403(b)    457(b)    TERRP    FICA Alternative    FICA Pension    Money Purchase Pension    ORP

## Beneficiary Designation

**Beneficiary 1:**   percentage = \_\_\_\_\_%    Primary    Contingent  
 Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Beneficiary 2:**   percentage = \_\_\_\_\_%    Primary    Contingent  
 Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Trust:**   percentage = \_\_\_\_\_%    Primary    Contingent  
 Name of Trust: \_\_\_\_\_ Trust ID #: \_\_\_\_\_  
 Name of Trustee: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Date Created #: \_\_\_\_\_ Description: \_\_\_\_\_

(To designate additional beneficiaries,  check this box and attach a separate sheet providing the information requested above.)

## Participant Authorization Signature

By my signature below, I represent that I am the owner of the account listed above and authorize the distribution of assets as indicated. This form supersedes all prior beneficiary designation forms.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
DATE

## Spousal Consent- *(Applicable only if the primary beneficiary is someone other than your spouse)*

By my signature below, I represent that I am the spouse of the owner of the account listed above and authorize the distribution of assets as indicated.

\_\_\_\_\_  
SIGNATURE OF SPOUSE

\_\_\_\_\_  
DATE

*(Only Required if Spouse is NOT Primary Beneficiary)*

### NOTARY PUBLIC

The person identified under the Participant section of this form is known to me or has produced proper identification as to being the referenced person and after first duly sworn, affirms that he/she executed the above affidavit understanding and affirming under oath the contents thereof.

SIGNATURE OF NOTARY	NOTARY SEAL	DATE
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