

# Beneficiary Designation

## San Diego County Schools Fringe Benefits Consortium 3121 Plan



Please complete this form if you would like to designate your beneficiary. Otherwise, your beneficiary will automatically be your spouse if you are married, or your estate if you are not married.

<b>Step 1</b>	Employee Name	Social Security Number	Current Date	
<b>Step 2</b>	If you are completing this form because of a name change, please indicate your former name below.			
<b>Step 3</b> <i>Not Married</i>	I am <b>NOT MARRIED</b> and designate the following person(s) to receive any death benefits. I understand that if I marry, the designation becomes void one year after my marriage.			
	SSN	Name	Relationship	Address
<b>Step 3</b> <i>Married</i>	I am <b>MARRIED</b> and designate the <b>following person(s)</b> to receive death benefits from the Plan.			
	SSN	Name	Relationship	Address
<p><b>SPOUSAL CONSENT</b></p> <p>I consent to this designation which eliminates all or part of the benefits otherwise payable to me from the Plan if my spouse dies.</p> <p>_____ Date _____ Notary Public or Plan Administrator _____ Date</p> <p>Spouse's Signature</p> <p><input type="checkbox"/> I certify that my spouse cannot be located to sign this Spouse's Consent. I will notify the Plan sponsor if my spouse is located.</p>				
<b>Step 4</b>	<p>_____ Date _____</p> <p>Employee Signature</p> <p>* This nomination of beneficiary and direction supersedes any direction of prior date which is hereby revoked; and I hereby reserve the right at any time to revoke or modify this direction in the manner prescribed by the Trustee(s) of the Plan. NOTE: During initial plan rollout only, if you wish to stay on Social Security, you have until _____ to come to the Benefits Office and sign the 3121 Plan Declination Form.</p>			