CITY OF STOCKTON
HUMAN RESOURCES
www.stocktongov.com • (209)937-8233

Plan#: _____
(To be completed by HR Staff)

DEFERRED COMPENSATION - CHANGE OF BENEFICIARY

Participant:_____ **Dept:** _____

Home Address: _____ **City:** _____

State: _____ **Zip:** _____ **Social Security Number:** _____

Relationship Status: ____ Married ____ Widowed ____ Divorced ____ Single _____ RDP

I hereby revoke any and all prior designations of beneficiary(ies) and hereby designate the following as my beneficiary(ies) under the City of Stockton Deferred Compensation Plan(s):

_____ _____
Signature of Participant Date

PRIMARY BENEFICIARY(IES)

Name: _____ Relationship: _____ _____%

Name: _____ Relationship: _____ _____%

CONSENT OF SPOUSE

If the participant's spouse is not designated as the sole Primary Beneficiary, the Spouse must sign the following consent.

As the Participant's Spouse, I hereby consent to the above designation:

_____ _____
Signature of Spouse Date

_____ _____
Signature of Witness Date

CONTINGENT BENEFICIARY(IES)

Contingent Beneficiaries are the individual(s) or entities that you want to receive your assets in the event that both the employee and primary beneficiary(ies) have passed away.

Name: _____ Relationship: _____ _____%

Name: _____ Relationship: _____ _____%

Name: _____ Relationship: _____ _____%

Name: _____ Relationship: _____ _____%