

## DEFERRED COMPENSATION DESIGNATION OF BENEFICIARY

**EMPLOYEE INFORMATION: (Please Print Clearly)**

**Name:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Relationship Status:**  Married  Single  Registered Domestic Partner

**PRIMARY BENEFICIARY(IES):**

Name: _____	Relationship: _____	_____ %
Name: _____	Relationship: _____	_____ %
Name: _____	Relationship: _____	_____ %
Name: _____	Relationship: _____	_____ %
		Total: <u>100</u> %

**If the employee's spouse is NOT designated as the sole Primary Beneficiary, the Spouse MUST sign consent and signature must be notarized.**

### CONSENT OF SPOUSE

As the employee's spouse, I hereby consent to the above designation of primary beneficiary(ies).

\_\_\_\_\_  
Signature of Spouse \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Notary \_\_\_\_\_  
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: _____	_____ %
		Total: <u>100</u> %

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

\_\_\_\_\_  
Signature of Employee \_\_\_\_\_  
Date

**Employer Use Only**

**Plan(s) #:**  61361-1  61361-2  61361-3