

# BENEFICIARY DESIGNATION THE NON-UNIFORMED EMPLOYEES RETIREMENT SYSTEM CITY OF NORTH LITTLE ROCK

**Please consult your legal advisor for assistance in completing this form.**

I, \_\_\_\_\_, hereby acknowledge that the Plan Administrator has informed me that if I should die before retirement, my Vested Benefit shall be paid to my spouse, provided we have been married for at least one year at the time of my death.

**CHECK APPLICABLE PROVISION:**

If my spouse does not survive me I direct that my benefit be paid in equal shares to such of my children as shall be living at my death, except that the then living descendants of a deceased child of mine shall take per stirpes the share which the child would have received if living. I intend that this provision provide for all my children including any hereafter born or adopted.

If my spouse does not survive me I direct that my benefit be paid in equal shares to such of my children as shall be living at my death. (per capita) I intend that this provision provide for all my children including any hereafter born or adopted.

If my spouse does not survive me I direct that my benefit be paid to my Beneficiaries in the shares designated below.

As of the date of this signature, I hereby certify that I am not currently married, and designate the following person(s) as my beneficiary(s) in the event I die before I retire. I understand that this Designation shall be automatically revoked if I marry between now and my death or retirement from the Plan, and my Vested Benefit shall be paid to my spouse, provided we have been married for at least one year at the time of my death. I may, at that time and with the consent of my spouse, execute a waiver of my spouse as my designated beneficiary and name a new beneficiary in place thereof.

**With the consent of my spouse, \_\_\_\_\_, I hereby name the following as PrimaryBeneficiary(s):**

**Primary Beneficiary(s):**

**Spouse's Initials**

1. Name: \_\_\_\_\_ SSN: \_\_\_\_\_ [ ]

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Percentage of total benefit to be paid to the above person: \_\_\_\_\_%.

2. Name: \_\_\_\_\_ SSN: \_\_\_\_\_ [ ]

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Percentage of total benefit to be paid to the above person: \_\_\_\_\_%.

3. Name: \_\_\_\_\_ SSN: \_\_\_\_\_ [ ]

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Percentage of total benefit to be paid to the above person: \_\_\_\_\_%.

4. Name: \_\_\_\_\_ SSN: \_\_\_\_\_ [ ]

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Percentage of total benefit to be paid to the above person: \_\_\_\_\_%.

I have designated more than one Primary Beneficiary, and if at least one, but fewer than all, of those Primary Beneficiaries survive me, I direct that the death benefit be divided among my surviving Primary Beneficiaries in the ratio established by the percentages indicated. If the percentages do not add up to 100%, the benefit shall be allocated by the ratio of the percentages.

I have designated more than one Primary Beneficiary. If I die survived by Designated Beneficiaries and if all such surviving Beneficiaries thereafter die before complete distribution of my interest in the Plan, the estate(s) of such Designated Beneficiaries shall be deemed to be the Beneficiary of the undistributed portion of such interest.

If my spouse, children or Primary Beneficiaries all fail to survive me, then I name the following as Contingent Beneficiaries:

**Contingent Beneficiary (s):**

**Spouse's Initials**

1. Name: \_\_\_\_\_ SSN: \_\_\_\_\_ [ ]

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Percentage of total benefit to be paid to the above person: \_\_\_\_\_%.

2. Name: \_\_\_\_\_ SSN: \_\_\_\_\_ [ ]

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Percentage of total benefit to be paid to the above person: \_\_\_\_\_%.

3. Name: \_\_\_\_\_ SSN: \_\_\_\_\_ [ ]

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Percentage of total benefit to be paid to the above person: \_\_\_\_\_%.

4. Name: \_\_\_\_\_ SSN: \_\_\_\_\_ [ ]

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Percentage of total benefit to be paid to the above person: \_\_\_\_\_%.

I have designated more than one Contingent Beneficiary, and if at least one, but fewer than all, of those Contingent Beneficiaries survive me, I direct that the death benefit be divided among my surviving Contingent Beneficiaries in the ratio established by the percentages indicated. If the percentages do not add up to 100%, the benefit shall be allocated by the ratio of the percentages.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**Participant:** (Print Name) \_\_\_\_\_ SS No. \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**Witness:** (Print Name) \_\_\_\_\_ Signature: \_\_\_\_\_

**Spouse**  
**(Required if Married)** (Print Name) \_\_\_\_\_ SS No. \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**Witness:** (Print Name) \_\_\_\_\_ Signature: \_\_\_\_\_