



DESIGNATION OF BENEFICIARY FORM
MainePERS 457 Deferred Compensation Plan

Division (if applicable): \_\_\_\_\_

Name of Employee (First, Middle, Last) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

Date of Hire \_\_\_\_\_

PARTICIPANT'S CERTIFICATION

I hereby certify that I am a participant in the above-named plan. The details of said plan have been made available to me, and I hereby acknowledge receipt of the Summary Plan Description. I agree to abide by all of the rules and regulations set forth in the plan, and, with respect to any amount payable under the plan by reason of my death, certify that I am [ ] MARRIED\* [ ] UNMARRIED\*\*

[ ] Initial Designation

[ ] Change in Designation

\* As certified by my signature below, I understand that, as a married Participant in the plan, any amount payable under the plan by reason of my death must be paid to my surviving spouse unless I choose another beneficiary, and my spouse consents in writing to that choice (see below).

\*\* As certified by my signature below, I understand that, as an unmarried plan participant, I am designating the person(s) or entity named below and the beneficiary of my death benefit. However, I understand that if I hereafter marry, this designation will be revoked, and I must immediately inform the administrator of the change in my marital status.

I hereby designate the following to be beneficiary(ies), such designation(s) to supersede any prior designation(s):

Primary Beneficiary(ies): [ ] Spouse Only OR [ ] Other as Designated Below

Name \_\_\_\_\_

Address \_\_\_\_\_

Social Security # \_\_\_\_\_

Relationship \_\_\_\_\_

If I am not survived by any of the Primary Beneficiary(ies), then the following shall be my Secondary Beneficiary(ies):

Name \_\_\_\_\_

Address \_\_\_\_\_

Social Security # \_\_\_\_\_

Relationship \_\_\_\_\_

I understand that where I have designated more than one beneficiary, unless I have specified otherwise, the Primary Beneficiary(ies) or the Secondary Beneficiary(ies) who survive me shall share equally in any payment(s) from the plan. I also understand that I have the right to change a beneficiary without the consent of the beneficiary. I further understand that if I am married, and I designate someone other than my spouse as my sole beneficiary, or in addition to my spouse, then my spouse must sign and date the following Spousal Consent section in the presence of a Notary Public or Plan Representative.

PARTICIPANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SPOUSAL CONSENT

I, \_\_\_\_\_, understand that I am not the sole beneficiary. I recognize that I may not receive any benefits under this plan. I further understand that once I sign this Spousal Consent, I may not revoke it.

SPOUSE'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

(Notary Seal)

SIGNATURE OF NOTARY PUBLIC OR PLAN REPRESENTATIVE \_\_\_\_\_