



This form should only be completed if the employee wishes to designate one or more Contingent Beneficiaries. ALL SECTIONS NEED TO BE FULLY COMPLETED. Once completed, please return to your District Benefits Administrator.

Contingent Beneficiary Form

THIS FORM WILL REPLACE ALL PREVIOUS BENEFICIARY DESIGNATION FORMS.

Part 1: Employee Identification

| | | | | |
|----------------------|------------|---------|------------|-----------|
| Employee's Last Name | First Name | Initial | District # | ID Number |
|----------------------|------------|---------|------------|-----------|

Part 2: Primary Beneficiary Designation

| Primary Beneficiary - Last Name | First Name | Initial | Relationship | SHARE OF PROCEEDS * | | | |
|---------------------------------|------------|---------|--------------|---------------------|-------------|------------|-----------|
| | | | | Basic Life % | Basic Acc % | Opt Life % | Opt Acc % |
| | | | | % | % | % | % |
| | | | | % | % | % | % |
| | | | | % | % | % | % |
| | | | | % | % | % | % |

Name of Trustee(s) for Beneficiaries Under 18

Important Information for designating Contingent Beneficiary(ies):

1. You may not name the same person to be a primary and contingent beneficiary for the same benefit.
2. Your allocations to contingent beneficiaries for each benefit must total either 0% or 100%.
3. If you have designated your "Estate" as a primary beneficiary with a 100% allocation for a given benefit, you may not make any contingent allocations for the same benefit.

Part 3: Contingent Beneficiary Designation

| Contingent Beneficiary - Last Name | First Name | Initial | Relationship | SHARE OF PROCEEDS * | | | |
|------------------------------------|------------|---------|--------------|---------------------|-------------|------------|-----------|
| | | | | Basic Life % | Basic Acc % | Opt Life % | Opt Acc % |
| | | | | % | % | % | % |
| | | | | % | % | % | % |
| | | | | % | % | % | % |
| | | | | % | % | % | % |

Name of Trustee(s) for Beneficiaries Under 18

* Must total 100% for each benefit

I hereby confirm the above information is complete, true and correct. I UNDERSTAND THIS FORM REPLACES ALL PREVIOUS BENEFICIARY DESIGNATION FORMS.

All beneficiaries listed above are revocable unless otherwise indicated. I reserve the right to change my beneficiary at any time.

Employee Signature _____

Date Signed (mm/dd/yyyy) _____