



# 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: 100 %

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

## 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 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: \_\_\_\_\_ %

Total: 100 %

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