

# Deferred Compensation Plan Beneficiary Designation Form

See instructions on back before completing form

## 1. PARTICIPANT INFORMATION

Participant name: \_\_\_\_\_

Marital status:  Married  Single Social Security number: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Spouse full legal name: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security number: \_\_\_\_\_

## 2. APPLICABLE PLANS

I designate the following persons as my beneficiaries to receive benefits payable from the *Deferred Compensation Plan* indicated in the event of my death. The benefit will be paid to my primary beneficiaries living at my death and in equal shares to each unless otherwise indicated. If no primary beneficiary is living at my death, the benefit will be paid to my secondary beneficiaries living at my death and in equal shares to each unless otherwise indicated. If no primary or secondary beneficiary survives me, payment will be made according to the terms of the plans. For the plans listed below, all prior beneficiary designations, if any, are revoked.

- All deferred compensation  Unfunded Deferred Compensation (UDC)  
 457(b) Deferred Compensation plan  457(f) Deferred Compensation plan

## 3. PRIMARY BENEFICIARY(IES)

For each primary beneficiary, complete the information below. The percent designated must total 100% if not equal shares. Corrections to a beneficiary's name will void the designation.

Name	Relationship	Birth date	Social Security number	% Designated
				100% Total

## 4. SECONDARY BENEFICIARY(IES)

Applicable only if there are no primary beneficiary(ies) living at participant's death. For each secondary beneficiary, please complete the information below. The percent designated must total 100% if not equal shares. Corrections to a beneficiary's name will void the designation.

Name	Relationship	Birth date	Social Security number	% Designated
				100% Total

## 5. PARTICIPANT SIGNATURE

Participant signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

FOR EMPLOYER USE ONLY

Processed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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# Instructions for Beneficiary Designation Form

## General instructions for completing form

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- This form **must** be typed or completed in ink. If you make any changes to your written information, you must initial the changes. Corrections of a beneficiary's name in the Beneficiary Designation section will void this form. Your form will be returned if it is incomplete, is completed in pencil or contains changes which are not initialed.
- **Additional beneficiaries:** If you need additional space for designating beneficiaries, write "See Attached" in the space for beneficiary designation and attach a separate page titled "Attachment to Beneficiary Designation Form."
- **Copy:** Please retain a copy of your completed form for your files.
- **Effective date:** A *Beneficiary Designation Form* will become effective only when it is received by the employer. Return your completed form to the employer.
- **Questions:** Call GuideStone Financial Resources at **1-800-262-0511**.

**Section 1 — Participant information:** List the full legal name of participant and other information as indicated.

**Section 2 — Applicable plans:** Check the box to indicate the plans to which this beneficiary designation is applicable.

- If you want this beneficiary designation to apply to all deferred compensation plans, check the first box only.
- If you want this beneficiary designation to apply to only a specific deferred compensation plan, check the applicable box.
- If you do not make a selection, this designation will apply to all deferred compensation plans.

**Section 3 — Primary beneficiary(ies):** List for each primary beneficiary the name, date of birth, Social Security number, and percent designated (to total 100%) if not equal shares. Secondary beneficiary(ies) are designated in Section 4. Generally, if no primary beneficiary named is living at your death, benefits will be paid to the secondary beneficiary(ies).

**Section 4 — Secondary Beneficiary(ies):** Complete the secondary beneficiary section to designate persons to receive benefits in the event none of your primary beneficiaries are living at the time of your death. For each beneficiary, list the name, date of birth, Social Security number, and percent designated (to total 100%) if not equal shares.

**Section 5 — Participant signature:** You must sign and date the *Beneficiary Designation Form*.