



Stanislaus County, CA
401(a) Beneficiary Change Form

Personal Information

Employer Name: Stanislaus County 401(a) Entity Number: 0058828002
Name:
Date of Birth: SSN or Account Number: Gender: Male Female
Street Address:
City: State: ZIP:
Home Phone: Work Phone:
Email:

Beneficiary Designation

PLEASE NOTE: Beneficiaries listed below replace any prior designation. Percentage split must total 100% for each category of beneficiary.

If you select "Equal Percentage" for your beneficiaries, there may be some minor variance based upon the number of beneficiaries you have listed. For example: if you list three beneficiaries, the oldest beneficiary will be designated 33.34% and the other two will be 33.33%.

If additional space for beneficiaries is required, attach additional sheets and mark this box: []

Primary Beneficiary(ies) (must total 100%): [] Equal Percentage

- 1. Full Name: Allocation: %
Relationship: SSN: Date of Birth:
Address: Phone:
2. Full Name: Allocation: %
Relationship: SSN: Date of Birth:
Address: Phone:

Contingent Beneficiary(ies) (must total 100%): [] Equal Percentage

- 1. Full Name: Allocation: %
Relationship: SSN: Date of Birth:
Address: Phone:
2. Full Name: Allocation: %
Relationship: SSN: Date of Birth:
Address: Phone:

Authorization

This designation supersedes any prior beneficiary designation and shall become effective on the date accepted by the Plan as listed below prior to my death. Any benefits payable at my death shall be paid in equal shares unless otherwise specified. My death benefits will be paid first to my Primary Beneficiaries. If some of my Primary Beneficiaries predecease me, then my death benefit will be paid to the remaining Primary Beneficiaries. Contingent Beneficiaries will only receive benefits if no Primary Beneficiary survives me. If no beneficiary designation is on file, benefits will be paid pursuant to the sequence set forth in the Plan Document.

Signature: Date:

Model Beneficiary Designations

Indicate the full names of the beneficiaries, their Social Security numbers, date of birth, relationship to you, address, phone number, and split you'd like each one of them to receive. Please use the following designations as a guide when completing this form.

	Name	Split%	Relationship	SSN	Date Of Birth
1.	Primary: Joan Nation	100%	spouse	123-45-6789	01/02/1962
2.	Primary: Joan Nation	100%	spouse	123-45-6789	01/02/1962
	Contingent: Henry Nation	100%	son	987-65-4321	06/26/1984
3.	Primary: Joan Nation	100%	spouse	123-45-6789	01/02/1962
	Contingent: Henry Nation	50%	son	987-65-4321	06/26/1984
	Contingent: Betty Nation	50%	daughter	305-24-9731	02/12/1980
4.	Primary: Henry Nation	50%	son	987-65-4321	06/26/1984
	Primary: Betty Nation	50%	daughter	305-24-9731	02/12/1980
5.	Primary: Henry Nation	34%	son	987-65-4321	06/26/1984
	Primary: Betty Nation	33%	daughter	305-24-9731	02/12/1980
	Primary: John Nation	33%	son	876-91-3416	09/31/1986
6.	Primary: Sara Nation	60%	mother	811-61-1781	10/14/1950
	Primary: George Nation	40%	father	916-18-1781	12/30/1945
	Contingent: Jean Nation	100%	sister	913-19-3319	03/29/1971
7.	Primary: My Estate				
8.	First National Bank of Canton, Ohio, as Trustee under Trust Agreement with Robert E. Nation dated January 1, 2002. (Attach a copy of the title and signature page of the Trust).				

Generic beneficiary designations **will not** be accepted. Examples of generic designations include:

1. My spouse, parent(s), sister(s), brother(s), son(s), daughter(s).
2. My children.
3. Children of this marriage or any past marriage.
4. As designated in my will.

Form Return

By mail: Nationwide Retirement Solutions
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