

**CENTRAL TEXAS COLLEGE PENSION PLAN ADMINISTRATION
BENEFICIARY DESIGNATION FORM**

for

Employees' Pension Plan and Trust (QPP) and Employees' Supplemental Plan and Trust (SPP)

1. PARTICIPANT INFORMATION (Please print clearly)

Name: _____ SSN or Tax ID _____

Marital Status: Married Not Married Widowed Legally Separated: Attach Court Order of Legal Separation (Petition not acceptable)

Missing Spouse: By marking this box, I hereby affirm that I have made reasonable attempts to locate my spouse and have not been able to do so, and I have no reason to believe that I will be able to do so.

2. BENEFICIARY DESIGNATION (Please print clearly)

Federal law mandates that pension accounts should have their own separate Beneficiary Designation Forms (apart from the account holder's personal Will). An individual's personal Will does not govern the distribution of pension funds. Instead, the Beneficiary Designation Form for each pension account governs the distribution of those funds. If a pension account holder dies without leaving a Beneficiary Designation Form for that pension account, the pension funds will be distributed to the account holder's Estate.

- This beneficiary may be an individual, institution, estate, or trust.
- To ensure that all beneficiaries are identified, list each by name.
- Section 3 must also be completed if you are designating a minor as a beneficiary.
- Section 4 must also be completed if you are naming someone other than your spouse as the sole primary beneficiary.

Primary Beneficiaries: Primary beneficiaries receive death benefits upon the client's death.

Name First, MI, Last or Trust/Estate	Address 123 Main St, Anytown State 12345	SSN 123-45-6789	Date of Birth MM-DD-YYYY	Relationship	Percentage Whole % only

Check here if you have named additional primary beneficiaries on a separate sheet, signed, dated and attached to this form. Print your name and last 4 digits of your social security number or account number at the top of each separate sheet attached. **Total must equal 100%**

Contingent Beneficiaries: Contingent beneficiaries receive death benefits if all the primary beneficiaries are deceased at the time of the participant's death.

Name First, MI, Last or Trust/Estate	Address 123 Main St, Anytown State 12345	SSN 123-45-6789	Date of Birth MM-DD-YYYY	Relationship	Percentage Whole % only

Check here if you have named additional contingent beneficiaries on a separate sheet, signed, dated and attached to this form. Print your name and last 4 digits of your social security number or account number at the top of each separate sheet attached. **Total must equal 100%**

3. CUSTODIAN FOR BENEFICIARY WHO IS A MINOR: claims to a minor will only be paid through a custodian or an alternative guardianship arrangement.

If you have named a minor as a primary or a contingent beneficiary, please designate a custodian for the beneficiary who is a minor under your state's Uniform Transfers (Gifts) to Minors Act or contract a local attorney regarding other alternatives to guardianship requirements.

_____ as Custodian for _____
(name of custodian) (name of minor beneficiary)

under the _____ Uniform Transfer (Gifts) to Minors Act.
(state)

Check here if you have named additional minor beneficiaries on a separate sheet, signed, dated and attached to this form. Print your name and last 4 digits of your social security number or account number at the top of each separate sheet attached.

4. ERISA SPOUSAL CONSENT: Required when designating a non-spouse as a primary beneficiary.

Required for spouse: For your spouse to read and sign.

Under federal law for ERISA plans, as the spouse of the contract owner, you have the right to receive a survivor benefit of at least 50% of the amount in this contract if your spouse dies before you.

- I agree to the beneficiary designation listed above.
- I understand and agree that I'm giving up my right to receive a survivor benefit payment from Central Texas College Employee's Pension Plan and Trust and Employees' Supplemental Plan and Trust and I release Central Texas College Employee's Pension Plan and Trust and Employees' Supplemental Plan and Trust from all liability for completing this transaction

(Printed name of spouse)

(Signature of Spouse: must be witnessed by Notary Public) (Date)

NOTARY PUBLIC

STATE OF _____ COUNTY OF _____ (seal)

On this _____ day of _____ year of _____

Before me personally appeared _____
(Name of Spouse)

known to me to be the person who executed the ERISA SPOUSAL CONSENT and he/she acknowledged to me that he/she executed the same.

(Notary Public signature) (Commission Expiration Date)

5. PARTICIPANT APPROVAL

I certify that the information provided above is true and correct. I request Central Texas College Employee's Pension Plan and Trust and Employees' Supplemental Plan and Trust to make the requested change(s).

(Participant's signature) (Date)

Mail the completed original form to:

Central Texas College
ATTN Pension Plan Administration
PO Box 1800
Killeen TX 76540-1800

Our phone number is:

254-526-1416
In TX 1800-223-4760 ext. 1416
Out of TX 1800-792-3348 ext. 1416

Note: Central Texas College maintains two in-house IRS 401(a) pension plans, "QPP" (for full-time employees) and "SPP" (for part-time employees). Participation is mandatory for eligible employees. Please see our web page at www.ctcd.edu/pension/ctc_pension.htm for information about eligibility, investments, distributions, forms, etc. Distributions are available after bona-fide terminations or retirements only.