

Beneficiary Designation / Spousal Consent Form

County of San Joaquin

Mail Address:
The Hartford
343 East Main St
10th Floor, Suite E
Stockton, CA 95202



Group Number: **150001** Social Security Number:

EMPLOYEE INFORMATION

Employer Name: **County of San Joaquin**

Participant Name: Last First M.I.

Are you currently married?

No

Yes If you are married and designate your spouse as the Primary Beneficiary for less than 100% of your death benefit, your spouse must sign the Spousal Consent Agreement below.

BENEFICIARY INFORMATION

Upon the death of the Participant, all proceeds will be paid to the living beneficiaries in the order specified below. Only the Participant may change the designation. If no Beneficiary is designated, your death benefit will be paid to your spouse or, if unmarried, to the executors or administrators of your estate.

Please type or print the following information for each Beneficiary:

(1) Full Name of Individual or Trust

(2) Address

(3) Social Security Number

(4) Date of Birth

(5) Relationship to the Participant

(6) Percentage of Death Benefit

(7) Date of Trust (if applicable)

Primary Beneficiary (ies):

Contingent Beneficiary (ies):

Please see the following page for examples of proper beneficiary designations.

The execution of this form and the delivery thereof to the offices of the Plan Administrator revokes all prior beneficiary designations that I have made. I understand that, if I am married, my spouse must consent in writing to the designation of any person as beneficiary other than my spouse. I understand that this beneficiary designation will not take effect until it has been received by the Plan Administrator.

Participant Signature

Date

SPOUSAL CONSENT AGREEMENT (if applicable)

This notice will certify that, as spouse of the Participant named above, I have consented to my spouse naming the person(s) listed above as Primary Beneficiary(ies) of any death benefits provided by the Plan. I hereby waive any and all rights I may have received under the Plan had this Spousal Consent not been granted.

Spousal Signature

Date

PLAN ADMINISTRATOR SIGNATURE

I certify that the information provided above is true and accurate.

Plan Administrator or Notary Public Signature

Date

Beneficiary Designation

- A. If you are married, the Beneficiary you designate must be your spouse unless your spouse consents in writing, as witnessed by a Notary Public or the Plan Administrator, to designate another beneficiary.
- B. A married woman should be indicated by her given name, not that of her husband. Example, Mary N. Jones, not Mrs. John R. Jones.
- C. Please complete the Beneficiary Designation *including* name, Social Security number, relationship, and percentage of death benefit (totalling 100%).

Listed below are some common beneficiary designations:

Type of Beneficiary:

One Beneficiary

Two or more Primary Beneficiaries,
equally among the survivors

Two or more Primary Beneficiaries,
with their share to their children

Primary and Contingent Beneficiaries

***either
or***

Participant's Estate

Trustee

Examples of Designations:

Jane Doe, wife, 100%

John Doe, son, 33%

Carol Smith, daughter, 33%

Mark Doe, son 34%

or equally among the survivors

John Doe, son, 33%

Carol Smith, daughter, 33%

Mark Doe, son 34%

per stirpes

Jane Doe, wife, 100% if living;
otherwise children

equally among the survivors

per stirpes

Participant's Estate

Jane Doe, trustee under trust
agreement* dated...

* If the word "trustee" is used in a Beneficiary designation, the date of the execution of the trust agreement or a copy of the trust agreement must be furnished.