

Beneficiary Designation Form

Submission of this form indicates your intent to designate or change the beneficiaries on your SchoolsFirst FCU/Nationwide Retirement Builder Plan and/or SchoolsFirst FCU 457(b) DCP Share Certificate. The instructions received on this form supersede any prior instructions – including those stated in your will. Consult with an attorney in regard to your estate as estate planning questions are beyond the scope of this form. A new form may be submitted at any time, and is recommended whenever a life event has occurred: ex: birth of a child/grandchild, a marriage or divorce.

Note: Please allow **2 business days** for the update to be effective upon receipt by SchoolsFirst FCU.

1 Participant Information

First Name _____	Last Name _____	Social Security Number (REQUIRED) _____	Date of Birth _____
Street Address _____	City _____	State _____	Zip Code _____
School District _____		Participant Email Address _____	
Phone Number _____			

2 Beneficiary Designation Information (Mark all plans that apply)

403(b) Roth 403(b) 401(a) 457(b) (Select the appropriate 457(b) below)

Nationwide Retirement Builder Plan 457(b)

SchoolsFirst 457(b) DCP Share Certificate

_____ DCP Member#

Option 1

I am NOT MARRIED and designate the following person(s) to receive any death benefits.

I understand that if I marry, **this designation becomes void one year after my marriage.**

Name	DOB	Relationship	Phone Number	%	
					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
Must total 100%					_____ %

Option 2

I am MARRIED and designate my spouse named below to receive ALL death benefits from the Plan.

Spouse Name _____

Spouse SSN _____

Spouse Address _____

If my spouse is not living, pay death benefits to:

Name	DOB	Relationship	Phone Number	%	
					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
Must total 100%					_____ %

Beneficiary Designation Form

Option 3 I am MARRIED and designate the following person(s) to receive death benefits from the Plan
(Spousal consent required -- see below).

Name	DOB	Relationship	Phone Number	%	
					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
Must total 100%					_____ %

If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share.

3 Spousal Consent *(This Section is Required for Option 3)*

I, the spouse of the above named participant, acknowledge and consent to the above beneficiary designation. I understand that in consenting to this distribution I will be waiving rights to other distribution benefits that I would be legally entitled to receive.

Spouse's Signature (REQUIRED) _____

Date _____

4 Signatures

By signing below, I acknowledge that I have completed and authorize any changes made to this Beneficiary Designation Form. Beneficiary information included on this form becomes effective within 2 business days upon receipt by SchoolsFirst FCU. The designations on this form remain in effect until a new Beneficiary Designation Form is received by the custodian. I understand that I may designate a beneficiary for my assets accumulated under the plan and that if I choose not to designate a beneficiary, distributions will be made according to the plan document or, if applicable, the SchoolsFirst FCU/Nationwide Retirement Builder Plan or SchoolsFirst FCU 457(b) DCP Share Certificate Custodial Account Agreement.

Participant Signature (REQUIRED) _____

Print Name _____

Date _____

BOX BELOW TO BE COMPLETED BY THE CUSTODIAN

Custodian Approval _____

Date _____

Return Instructions:

Fax completed forms to 714.258.4051

Return to any branch, or mail to:

SchoolsFirst FCU
Attn: Member Retirement Planning, RH3
PO Box 11547
Santa Ana, CA 92711