THE MINNESOTA STATE DEFERRED COMPENSATION PLAN BENEFICIARY DESIGNATION REQUEST 457 Plan



		PAYROLL CENTER	PLAN NUMBER
			98995-01
PARTICIPANT INFORMATION	N		
	1	Mo Day Year	
Last Name	First Name	MI Date of Birth	Social Security Number
Address	s – Number & Street		
City	State Zip	Code Female Ma	Account Extension (if applicable)
()	()	☐ Married ☐ Unma	
Home Phone	Work Phone	Marital Status	
BENEFICIARY DESIGNATION	N (please read Beneficiary Desig	gnation Information on the reverse	side before completing this section)
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Date

Participant return to Great-West at: Mailing Address: P.O. Box 173764, Denver, CO 80217-3764

Express Address: 8515 E. Orchard Road, Greenwood Village, CO 80111

Phone#: 1–877–457–MINN (6466)

Fax#: 1-303-737-4355

PARTICIPANT SIGNATURE

PRIMARY BENEFICIARY

The individual(s) or entity(ies) that you have designated to receive 100.00% of your assets from your account at the time of your death.

CONTINGENT BENEFICIARY

The individual(s) or entity(ies) that you have designated to receive 100.00% of your account in the event of your death AND all of your primary beneficiaries' deaths.

Judy Smith is the participant. She has chosen the following for beneficiaries on her account:

Primary Beneficiary: Bob Smith 100.00%

Contingent Beneficiary: Sally Smith 50.00%
Joe Smith 50.00%

For example:

If Bob predeceases Judy, then upon Judy's death, Sally and Joe will each receive 50.00% of her account.

Example 2:

With regard to the above beneficiary designation, if Bob Smith and Sally Smith predecease Judy Smith, then upon Judy's death, 100.00% of her account will be payable to Joe Smith.

BENEFICIARY DESIGNATION INFORMATION

For recordkeeping purposes, the beneficiary(ies) account balance percent(s) must total 100.00%. Please Note: If you designate beneficiaries to share equally, it is possible that the percentage of the account balance could differ slightly on your confirmation statement.

For example: If you designate three beneficiaries to share equally or percentages are not provided, the percentage of the account balance for each beneficiary would appear on the confirmation statement as follows:

 $\begin{array}{lll} \text{Beneficiary A} & 33.33\% \\ \text{Beneficiary B} & 33.33\% \\ \text{Beneficiary C} & \underline{33.34\%} \\ \text{TOTAL} & \underline{100.00\%} \end{array}$

However, if you request the beneficiaries to share equally or percentages are not provided, any unpaid amounts upon your death will be divided equally.