Beneficiary Designation

San Diego County Schools

Fringe Benefits Consortium 3121 Plan

Please complete this form if you would like to designate your beneficiary. Otherwise, your beneficiary will automatically be your spouse if you are married, or your estate if you are not married.

Step 1

Employee Name	Social Security Number	Current Date

Step 2

If you are completing this form because of a name change, please indicate your former name below.

Step 3
Not Married

I am **NOT MARRIED** and designate the following person(s) to receive any death benefits. I understand that if I marry, the designation becomes void one year after my marriage.

SSN	Name	Relationship	Address	Amount %

Step 3
Married

I am **MARRIED** and designate the **following person(s)** to receive death benefits from the Plan.

SSN	Name	Relationship	Address	Amount %

SPOUSAL CONSENT

I consent to this designation which eliminates all or part of the benefits otherwise payable to me from the Plan if my spouse dies.

Spouse's Signature _____ Date _____ Notary Public or Plan Administrator _____ Date _____

☐ I certify that my spouse cannot be located to sign this Spouse's Consent. I will notify the Plan sponsor if my spouse is located.

Step 4

Employee Signature _____ Date _____

* This nomination of beneficiary and direction supersedes any direction of prior date which is hereby revoked; and I hereby reserve the right at any time to revoke or modify this direction in the manner prescribed by the Trustee(s) of the Plan.

(3/09)

© National Benefit Services, LLC 2009

SAN DIEGO COUNTY OFFICE OF EDUCATION
6401 Linda Vista Road Room 506
San Diego CA 92111-7399
Phone: Phone: (858) 292-3815