



**457 DEFERRED COMENSATION PLAN  
BENEFICIARY DESIGNATION**

**Employer Name:** \_\_\_\_\_

**Participant Name:** \_\_\_\_\_

**Participant SSN:** \_\_\_\_\_

**Billing Group #:** \_\_\_\_\_

**I wish to designate the following Beneficiary (or Beneficiaries):**

**Primary Beneficiary**

**Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Contingent Beneficiary**

**Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Relationship:** \_\_\_\_\_

**I understand that benefits are only payable due to death, separation from service, retirement or severe financial hardship. Furthermore, I acknowledge receipt of the Plan and confirm that I understand the terms, provisions and conditions of said Plan.**

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**