

Designation of Beneficiary

~ ^ ~ ~ 1 100ALV	MIL	ast	E	mployer	*****
Street Address			City	StateZip_	
Social Security #	Home Phone	Work	Phone	Cell Phone	, , , , , , , , , , , , , , , , , , ,
Email Address		(Check One: Ma	rried/Separated _	Not Married	ı)
This form shall apply to the follow	ving accounts held wit	h TCG Administrator	<u>s:</u>		
□ 401(k) □ 403(b) □ 457(b)	□TERRP □FICA	Alternative □ FICA	Pension ☐ Money	Purchase Pension	□ ORP
Beneficiary Designati	ion (Designated po	ercentages for all	primary beneficia	ries must equal 1	00.)
Beneficiary 1: percentage =Name:	%	ary Contingent	al Security #:	•	
Address:	Ci	ity:	State:	Zip:	
Date of Birth:	Phone #:		Relationship:		
Beneficiary 2: percentage =Name:		Socia	d Security #:		
Address: Date of Birth:	Ci	ity:	State: Relationship:	Zip:	
Trust: percentage =					
Address: Phone #:	Ci	ty:	State:	Zip:	
(To designate additional beneficial Participant Authorizant By my signature below, I represent This form supersedes all prior beneficial prior	aries, □ check this box a ation Signature at that I am the owner o	and attach a separate s	heet providing the in	formation requested	
(To designate additional beneficial Participant Authoriza By my signature below, I represen	aries, □ check this box a ation Signature at that I am the owner o eficiary designation for	and attach a separate s	heet providing the in	formation requested a	
(To designate additional beneficial Participant Authoriz: By my signature below, I represent This form supersedes all prior beneficial.)	aries, check this box a ation Signature at that I am the owner o eficiary designation for	and attach a separate s	heet providing the in	formation requested and the distribution of assertion D	es as indicated.
(To designate additional beneficial Participant Authoriz: By my signature below, I represent This form supersedes all prior beneficial prior	ation Signature at that I am the owner of the ficiary designation for the first policable only if the principal at the principal control of the pr	and attach a separate so the account listed about the account listed account listed about the account listed ac	heet providing the in	formation requested and the distribution of assertion During the spouse of spouse of the spouse of t	as as indicated. ATE s not receiving
Participant Authoriza By my signature below, I represent This form supersedes all prior bent SIGNATURE OF PARTICIPANT Spousal Consent - (App. By my signature below, I represent below.	ation Signature at that I am the owner of the ficiary designation for the first policable only if the principal at the principal control of the pr	and attach a separate so the account listed about the account listed account listed about the account listed ac	heet providing the in	te distribution of asse D or spouse or spouse of the distribution of authorize the distribution of asserting the distributio	as as indicated. ATE s not receiving
Participant Authoriz: By my signature below, I represent This form supersedes all prior bent SIGNATURE OF PARTICIPANT Spousal Consent - (App. By my signature below, I represent assets as indicated.	ation Signature at that I am the owner of the ficiary designation for the ficial of the principle of the spouse of the spouse of the spouse is NOT Primary B.	f the account listed at rms. mary beneficiary is so of the owner of the account listed account listed at rms.	heet providing the in pove and authorize the meone other than you	tormation requested and authorize the distribution of assertion of ass	as as indicated. ATE S not receiving oution of ATE
Participant Authoriza Participant Authoriza By my signature below, I represent This form supersedes all prior bent SIGNATURE OF PARTICIPANT Spousal Consent - (Appl By my signature below, I represent assets as indicated. SIGNATURE OF SPOUSE	ation Signature at that I am the owner of the signature of the signation for the signation for the signature of the signature of the signature of spouse is NOT Primary in the signature of spouse of signature of si	f the account listed at rms. mary beneficiary is so of the owner of the account listed at second control of the account listed at second control of the owner of the	heet providing the in pove and authorize the meone other than you count listed above ar	tormation requested and authorize the distribution of assertion of ass	as as indicated. ATE Since receiving oution of ATE e referenced