



Designation of Beneficiary

Participant Information:

First Name _____ MI _____ Last _____ Employer _____
 Street Address _____ City _____ State _____ Zip _____
 Social Security # _____ Home Phone _____ Work Phone _____ Cell Phone _____
 Email Address _____ (Check One: Married/Separated _____ Not Married _____)

This form shall apply to the following accounts held with TCG Administrators:

- 401(k) 403(b) 457(b) TERRP FICA Alternative FICA Pension Money Purchase Pension ORP

Beneficiary Designation (Designated percentages for all primary beneficiaries must equal 100.)

Beneficiary 1: percentage = _____% Primary Contingent
 Name: _____ Social Security #: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Date of Birth: _____ Phone #: _____ Relationship: _____

Beneficiary 2: percentage = _____% Primary Contingent
 Name: _____ Social Security #: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Date of Birth: _____ Phone #: _____ Relationship: _____

Trust: percentage = _____% Primary Contingent
 Name of Trust: _____ Trust ID #: _____
 Name of Trustee: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone #: _____ Date Created #: _____ Description: _____

(To designate additional beneficiaries, check this box and attach a separate sheet providing the information requested above.)

Participant Authorization Signature

By my signature below, I represent that I am the owner of the account listed above and authorize the distribution of assets as indicated. This form supersedes all prior beneficiary designation forms.

SIGNATURE OF PARTICIPANT

DATE

Spousal Consent - (Applicable only if the primary beneficiary is someone other than your spouse or spouse is not receiving 100%)

By my signature below, I represent that I am the spouse of the owner of the account listed above and authorize the distribution of assets as indicated.

SIGNATURE OF SPOUSE

DATE

NOTARY PUBLIC (Only Required if Spouse is NOT Primary Beneficiary)

(Name of Spouse) is known to me or has produced proper identification as to being the referenced person and after first duly sworn, affirms that he/she executed the above affidavit understanding and affirming under oath the contents thereof.

SIGNATURE OF NOTARY	NOTARY SEAL	DATE
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