

Dallas Independent School District

457(b) FICA Alternative Plan and Trust

Designation of Beneficiary Form

INSTRUCTIONS

1. Complete Sections 1 and 2.
2. If you are married and designating your spouse as sole primary beneficiary, your spouse's notarized signature is NOT required. Your spouse's notarized signature is only required in Section 3 if you are designating a person other than or in addition to your spouse as sole primary beneficiary. If you are not married, your notarized signature is NOT required.

SECTION 1: Participant Information

Participant Name: _____

Participant Social Security #: _____

Marital Status: Single Married

SECTION 2: Complete Beneficiary Information

Designation of Beneficiary

1. In order to comply with federal law, the Plan requires that if you are married, your surviving spouse will be your sole primary beneficiary, unless your spouse waives this right.
2. If you wish to designate a person or persons other than your spouse, or in addition to your spouse, as your sole primary beneficiary, you must obtain the notarized consent of your spouse in writing on this form by completing Section 3 (the Notary can use the form on the back of this page to notarize your spouse's signature or attach a separate acknowledgement). Failure to obtain your spouse's consent in these instances will render this designation invalid. Any consent by a spouse applies only to that spouse and not any future spouse. Therefore, if a new marriage occurs, a new Designation of Beneficiary Form must be completed and the new spouse's consent must be obtained.
3. You are considered married if you are under decree of separate maintenance or decree of legal separation.
4. If the location of your spouse is unknown, you must attach to this form a notarized statement stating that your spouse cannot be located.
5. You reserve the right to revoke or change your designation of beneficiary.
6. It is your responsibility to keep your designation of beneficiary current.
7. If, upon your death, there is no valid designation of beneficiary on file with the Trust Administrator, any payments that are due will be paid in accordance with the Plan Document.
8. If you wish to have your PARS account distributed under the terms of a Living Trust, your PARS account must be mentioned by name in the Trust Document. If your current Living Trust does not contain specific reference to your PARS account, you may designate the Living Trust as a beneficiary using this form. All rules pertaining to the designation of a beneficiary apply to the designation of a Living Trust.

Beneficiary: percentage = _____ % Primary Contingent

Name: _____ Social Security #: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone #: _____ Relationship: _____

Beneficiary: percentage = _____ % Primary Contingent

Name: _____ Social Security #: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone #: _____ Relationship: _____

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

Participant's Signature: _____ **Date:** _____

SECTION 3: Spousal Consent

I hereby consent to the above beneficiary designation of my spouse, a participant of this Plan. I understand that in consenting to the designation of anyone except myself as primary beneficiary, I am waiving my rights to a survivor benefit that I would legally be entitled to at a later date.

Spouse's Signature: _____ **Date:** _____

SECTION 4: Signature and Stamp of Notary Public

Please use the reverse side to notarize Spousal Signature in Section 4 or attach a separate acknowledgement.

WHEN COMPLETED, PLEASE RETURN THIS FORM TO:
PARS at P.O. Box 12919 in Newport Beach, CA 92658