



Designation of Beneficiary

(Only Required if Spouse is NOT Primary Beneficiary)

Participant Information:

First Name _____ MI _____ Last _____ Employer _____
 Street Address _____ City _____ State _____ Zip _____
 Social Security # _____ Home Phone _____ Work Phone _____
 Cell Phone _____ Email Address _____

This form shall apply to the following accounts held with JEM:

457(b) TERRP FICA Alternative

Beneficiary Designation

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 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.

 SIGNATURE OF PARTICIPANT _____
DATE

Spousal Consent- (Applicable only if the primary beneficiary is someone other than your spouse)

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
 (Only Required if Spouse is NOT Primary Beneficiary)

NOTARY PUBLIC

The person identified under the Participant section of this form 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 |
|---------------------|-------------|------|

