



# 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
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