

Beneficiary Designation Form



Employee Instructions	The Beneficiary Designation Form is to be used to establish or change the named beneficiary for your 403(b), 457(b) and 401(a) Retirement Accounts. Please complete all of the steps outlined below. Upon completion, you may fax or mail a copy of this form to the FBC Offices. FBC Fax: (800) 597-8206	Fringe Benefits Consortium Attn: Annette Martinez 6401 Linda Vista Road Room 506 San Diego, CA 92111
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Employee Information	Participant Name	Social Security Number	Current Date
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Beneficiary Designation Please select and complete one of the options below:

Option 1 I am **NOT MARRIED** and designate the following person(s) to receive any death benefits. I understand that if I marry, this designation becomes void one year after my marriage.

SSN	Name	Relationship	Address	%
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Option 2 I am **MARRIED** and designate my spouse named below to receive ALL death benefits from the Plan.

Spouse:

Name _____

SSN _____

Address _____

If my spouse is not living, pay death benefits to:

SSN	Name	Relationship	Address	%
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Option 3 I am **MARRIED** and designate the following person(s) to receive death benefits from the Plan (spousal consent required -- see below).

SSN	Name	Relationship	Address	%
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Spousal Consent I consent to this designation which eliminates all or part of the benefits otherwise payable to me from the Plan if my spouse dies.

_____	Date	_____	Date
Spouse's Signature (Required for Option 3)		Notary Public or Plan Administrator (Required for Option 3)	

Employee Signature	Employee Signature X	Date
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