



**Did you know?** You can also easily modify your beneficiaries online without having to fill out this form? Log into your account at [www.nysdcp.com](http://www.nysdcp.com) click "View Account", "Beneficiaries" and "Manage my Beneficiaries" for a fast and accurate recording of your beneficiary designations.

## Personal Data

Name (please print): \_\_\_\_\_

**REQUIRED** Account Number **OR** Last 4 of SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_

## Beneficiary Information

**This Beneficiary Designation will be valid only if:**

- **It is signed and dated**
- **Each beneficiary is clearly named, the relationship to the participant, and dates of birth are provided, and the benefit percentages total 100%.**
- A primary beneficiary is the person or persons who are your first choice to receive your Plan benefits in the event of your death. Should a primary beneficiary pre-decease you, your Plan assets will be divided among the remaining primary beneficiaries, if any.
- A contingent beneficiary is the person or persons who would receive your Plan benefits if your primary beneficiary (or all your primary beneficiaries, if more than one) pre-decease you.
- A person may not be listed as both a primary and a contingent beneficiary.
- Beneficiaries that received their Plan account as a spouse may name their own beneficiaries. In addition, Plan accounts received as part of a Qualified Domestic Relations Order (QDRO) may also name a beneficiary. **Beneficiaries who are non-spousal may not name a beneficiary to their Plan account.**
- It is also suggested that Social Security numbers are provided to facilitate identification.
- If you need to list additional beneficiaries, please attach a separate sheet.
- The Estate Powers and Trust Law (EPTL) §5.14 requires that if the participant wishes to keep the former spouse as the beneficiary after a divorce, annulment, or judicial separation, the participant must re-designate the former spouse as a beneficiary by submitting a new form to the Plan after the date of the divorce, annulment, or judicial separation.
- If you select "Equal Percentage" for your beneficiaries, there may be some minor variance based upon the number of beneficiaries you have listed. For example: if you list three beneficiaries, the oldest beneficiary will be designated 33.34% and the other two will be 33.33%.
- **Trusts as a beneficiary-** "Living Trusts" -In addition to filling out this form, please include the pages of the trust that list the name of the trust, names of the trustees and contain the trustee signatures. Exception: Testamentary Trusts which are generally specified in a will and unlike a living trust come into existence only after death. These can be labeled on the form as "Testamentary Trust of (insert full name)". If you are not certain of the type of trust you have please consult the legal entity that created the trust with you.
- **Minors-**May be listed as a beneficiary. No additional paperwork is needed with this form.

**Primary Beneficiary(ies)** *(must be in whole percentages and total 100%):*

**Equal Percentages for each Primary Beneficiary**

- 1. **Full Name:** \_\_\_\_\_ Allocation: \_\_\_\_\_%  
 Relationship: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_
- 2. **Full Name:** \_\_\_\_\_ Allocation: \_\_\_\_\_%  
 Relationship: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_
- 3. **Full Name:** \_\_\_\_\_ Allocation: \_\_\_\_\_%  
 Relationship: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Contingent Beneficiary(ies)** *(must be in whole percentages and total 100%):*

**Equal Percentages for each Contingent Beneficiary**

- 1. **Full Name:** \_\_\_\_\_ Allocation: \_\_\_\_\_%  
 Relationship: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_
- 2. **Full Name:** \_\_\_\_\_ Allocation: \_\_\_\_\_%  
 Relationship: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_
- 3. **Full Name:** \_\_\_\_\_ Allocation: \_\_\_\_\_%  
 Relationship: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Authorization**

The execution of this form and acceptance by the NYSDCP revokes all prior designations that I have made. I understand that if percentages are not provided or if the box designating equal percentages is not marked, my Plan assets will be divided equally among my named beneficiaries or contingent beneficiaries, as provided on the front of this form.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Form Return**

**Mail:**  
 New York State Deferred Compensation Plan  
 Administrative Service Agency  
 PO Box 182797  
 Columbus, OH 43218-2797

**Overnight Mail:**  
 New York State Deferred Compensation Plan  
 Administrative Service Agency, 1-LC-F2  
 1 Nationwide Plaza  
 Columbus, Ohio 43215-2239

**Fax:** 1-877-677-4329

When faxing paperwork, please allow two hours for your form to be received. If your fax is sent after 3:00pm your paperwork will be filed on the next business day.