



Fringe Benefits Consortium

Beneficiary Designation Form

Participant Instructions

The Beneficiary Designation Form is to be used to establish or change the named beneficiary for your 403(b), 401(b) and 457(b) Retirement Accounts. Please forward only the second page of the form to National Benefit Services for processing.

Completed forms should be faxed to National Benefit Services at 1-800-597-8206 or emailed to FBCsupport@nbsbenefits.com

If you have questions or want to check the status of the form, please contact National Benefit Services at 1-800-274-0503 ext. 5.

Beneficiary Designation Form

1 Participant Information

Participant Name	Social Security Number
Participant Mailing Address City, State, Zip Code	Phone Number
Participant Email Address	Date of Birth
<input type="checkbox"/> Married <input type="checkbox"/> Single Marital Status	
School District or Former School District	Broker/Financial Advisor Name
Broker/Financial Advisor Phone Number	

2 Beneficiary Designation Information

- I am MARRIED and designate my spouse named below to receive ALL death benefits from the Plan.
- I am MARRIED and designate the following person(s) to receive death benefits from the Plan
(SPOUSAL CONSENT REQUIRED -- see below).
- 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.

Spouse Name

Spouse SSN

Spouse Email

<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Name	SSN	Relationship	%
	Email Address	Phone Number	Address	
<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Name	SSN	Relationship	%
	Email Address	Phone Number	Address	
<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Name	SSN	Relationship	%
	Email Address	Phone Number	Address	

3 Spousal Consent (Required for Option 2)

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

Spouse's Signature	Date	Notary Public or Plan Administrator	Date
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4 Participant Approval

Participant Signature (Required)	Date
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