

**Beneficiary Designation
Governmental 457(b) Plan**

Milwaukee County Deferred Compensation Plan

98442-01

For My Information

- For questions regarding this form, visit the Web site at www.milwaukeecounty457.com or contact Service Provider at 1-877-457-6459.
- Use black or blue ink when completing this form.

A Participant Information

Account extension, if applicable, identifies funds transferred to a beneficiary due to participant's death, alternate payee due to divorce or a participant with multiple accounts.

Account Extension

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Social Security Number (Must provide all 9 digits)

Last Name

First Name

M.I.

Date of Birth

Email Address

Daytime Phone Number

Department/Division/Payroll Center

Alternate Phone Number

Married Unmarried

B Beneficiary Designation

Primary Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)

%				/ /
% of Account Balance	Primary Beneficiary Name	Relationship	Social Security Number	Date of Birth
Street Address		City	State	Zip Code
%				/ /
% of Account Balance	Primary Beneficiary Name	Relationship	Social Security Number	Date of Birth
Street Address		City	State	Zip Code
%				/ /
% of Account Balance	Primary Beneficiary Name	Relationship	Social Security Number	Date of Birth
Street Address		City	State	Zip Code

Contingent Beneficiary Designation

%				/ /
% of Account Balance	Contingent Beneficiary Name	Relationship	Social Security Number	Date of Birth
Street Address		City	State	Zip Code
%				/ /
% of Account Balance	Contingent Beneficiary Name	Relationship	Social Security Number	Date of Birth
Street Address		City	State	Zip Code
%				/ /
% of Account Balance	Contingent Beneficiary Name	Relationship	Social Security Number	Date of Birth
Street Address		City	State	Zip Code

