

1526 K St., Ste. 400 PO Box 94816 Lincoln, NE 68509-4816 PHONE 402-471-2053 TOLL FREE 800-245-5712

Name <small>Last</small> <small>First</small> <small>Middle</small> <small>Maiden</small>				Date of Birth - -		Plan Type <small>(check all that apply)</small>		
Social Security Number - -				Email Address				<input type="checkbox"/> School
Address				City		State		
Home Phone		Work Phone		Employer		Zip		
<input type="checkbox"/> State								
<input type="checkbox"/> County								
<input type="checkbox"/> Judges								
<input type="checkbox"/> Patrol								
<input type="checkbox"/> DCP								

Beneficiary Designation Form

READ CAREFULLY BEFORE COMPLETING: Use this form to designate or change your beneficiaries for the Retirement Plan indicated above. Benefits will be paid to your survivors exactly as you provide on this form. This form supersedes prior beneficiary designation forms. If you name a trust or other legal entity as your beneficiary, include the name of both the trust and the trustee. Submit the original document only; **photocopies and faxes will not be accepted.** If you wish to designate more than three beneficiaries in either the Primary or Contingent category, you must attach a supplemental form(s) and indicate the number of additional pages here. _____

PRIMARY BENEFICIARY(IES): I designate the following person(s) to be my Primary Beneficiary(ies) for the Retirement Plan noted above. All Primary Beneficiaries designated will share equally in the benefit unless I have included a percentage (%) amount on the line following the date of birth below. **(The shares of all Primary Beneficiaries must total 100%.) PLEASE PRINT.**

Name of Beneficiary	Spouse/Child/Other	<u> M / F </u> Gender	Social Security Number	Date of Birth	%
Address		City	State	Zip	
Name of Beneficiary	Spouse/Child/Other	<u> M / F </u> Gender	Social Security Number	Date of Birth	%
Address		City	State	Zip	
Name of Beneficiary	Spouse/Child/Other	<u> M / F </u> Gender	Social Security Number	Date of Birth	%
Address		City	State	Zip	

CONTINGENT BENEFICIARY(IES): I designate the following person(s) to be my Contingent Beneficiary(ies) for the Retirement Plan noted above. I understand my Contingent Beneficiary(ies) will receive a share of my benefit if all Primary Beneficiaries pre-decease me or refuse their shares of the benefit. All Contingent Beneficiaries designated will share equally in the benefit unless I have included a percentage (%) amount on the line following the date of birth below. **(The shares of all Contingent Beneficiaries must total 100%.) PLEASE PRINT.**

Name of Beneficiary	Spouse/Child/Other	<u> M / F </u> Gender	Social Security Number	Date of Birth	%
Address		City	State	Zip	
Name of Beneficiary	Spouse/Child/Other	<u> M / F </u> Gender	Social Security Number	Date of Birth	%
Address		City	State	Zip	
Name of Beneficiary	Spouse/Child/Other	<u> M / F </u> Gender	Social Security Number	Date of Birth	%
Address		City	State	Zip	

SIGNATURE OF MEMBER _____ Date _____

I hereby certify that the above member, whose identity I have established to my own satisfaction, freely and voluntarily signed this beneficiary designation form in my presence.

State of _____

County of _____



Subscribed and sworn before me this _____ day of _____, _____.

NOTARY PUBLIC SIGNATURE _____ My commission expires: _____.

Beneficiary Designation Supplemental Form

IMPORTANT: This form is to be used as a supplement to the Beneficiary Designation Form only if you wish to designate more than three Primary or Contingent Beneficiaries. You may use as many Supplemental forms as needed. ***This form will NOT be accepted without the original, notarized Beneficiary Designation Form.***

NAME _____

Social Security Number _____ - _____ - _____

PRIMARY BENEFICIARY(IES) (continued):

Fill in a percentage amount (%), for all persons designated below **(the shares of all primary beneficiaries must total 100%, including those listed on page 1)**. If all beneficiaries are to share equally, no percentage needs to be listed. **PLEASE PRINT.**

Name of Beneficiary _____	Spouse/Child/Other _____	<u>M / F</u> Gender	Social Security Number _____	Date of Birth _____	%
Address _____			City _____	State _____	Zip _____
Name of Beneficiary _____	Spouse/Child/Other _____	<u>M / F</u> Gender	Social Security Number _____	Date of Birth _____	%
Address _____			City _____	State _____	Zip _____
Name of Beneficiary _____	Spouse/Child/Other _____	<u>M / F</u> Gender	Social Security Number _____	Date of Birth _____	%
Address _____			City _____	State _____	Zip _____
Name of Beneficiary _____	Spouse/Child/Other _____	<u>M / F</u> Gender	Social Security Number _____	Date of Birth _____	%
Address _____			City _____	State _____	Zip _____

CONTINGENT BENEFICIARY(IES) (continued):

Fill in a percentage amount (%), for all persons designated below **(the shares of all contingent beneficiaries must total 100%, including those listed on page 1)**. If all beneficiaries are to share equally, no percentage needs to be listed. **PLEASE PRINT.**

Name of Beneficiary _____	Spouse/Child/Other _____	<u>M / F</u> Gender	Social Security Number _____	Date of Birth _____	%
Address _____			City _____	State _____	Zip _____
Name of Beneficiary _____	Spouse/Child/Other _____	<u>M / F</u> Gender	Social Security Number _____	Date of Birth _____	%
Address _____			City _____	State _____	Zip _____
Name of Beneficiary _____	Spouse/Child/Other _____	<u>M / F</u> Gender	Social Security Number _____	Date of Birth _____	%
Address _____			City _____	State _____	Zip _____
Name of Beneficiary _____	Spouse/Child/Other _____	<u>M / F</u> Gender	Social Security Number _____	Date of Birth _____	%
Address _____			City _____	State _____	Zip _____

SIGNATURE OF MEMBER _____ Date _____