

**State of West Virginia Retirement Plus Deferred Compensation Plan**

**98947-01**

**For My Information**

- For questions regarding this form, visit the website at [www.wv457.com](http://www.wv457.com) or contact Service Provider at 1-800-551-4218.
- 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

(The name provided MUST match the name on file with Service Provider.)

( )

Daytime Phone Number

Email Address

( )

Married  Unmarried

Alternate Phone Number

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

**Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)**

- See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.

%		
% of Account Balance	Primary Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i>	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>
( )		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other
Phone Number <i>(Optional)</i>		<input type="checkbox"/> Domestic Partner

%		
% of Account Balance	Primary Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i>	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>
( )		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other
Phone Number <i>(Optional)</i>		<input type="checkbox"/> Domestic Partner

%		
% of Account Balance	Primary Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i>	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>
( )		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other
Phone Number <i>(Optional)</i>		<input type="checkbox"/> Domestic Partner

**Contingent Beneficiary Designation (Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)**

%		
% of Account Balance	Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i>	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>
( )		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other
Phone Number <i>(Optional)</i>		<input type="checkbox"/> Domestic Partner

%		
% of Account Balance	Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i>	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>
( )		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other
Phone Number <i>(Optional)</i>		<input type="checkbox"/> Domestic Partner



**This page is for informational purposes only - Do not return with the Beneficiary Designation form**  
**EXAMPLE BENEFICIARY DESIGNATIONS**

**Example 1: Multiple Individuals as Beneficiaries**

<b>B</b>	<b>Beneficiary Designation</b> <i>(Attach an additional sheet to name additional beneficiaries.)</i>	
<b>Primary Beneficiary Designation</b> <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>		
<ul style="list-style-type: none"> <li>See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.</li> </ul>		
33.33 %	John M. Doe	
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	
(XXX) XXX-XXXX	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>	
Phone Number <i>(Optional)</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input checked="" type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner	
33.33 %	Don M. Doe	
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	
(XXX) XXX-XXXX	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>	
Phone Number <i>(Optional)</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input checked="" type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner	
33.34 %	Michelle L. Doe	
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	
(XXX) XXX-XXXX	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>	
Phone Number <i>(Optional)</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input checked="" type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner	

**Example 2: Trust as Beneficiary**

<b>B</b>	<b>Beneficiary Designation</b> <i>(Attach an additional sheet to name additional beneficiaries.)</i>	
<b>Primary Beneficiary Designation</b> <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>		
<ul style="list-style-type: none"> <li>See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.</li> </ul>		
100 %	Trust of Jane Doe	
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	
(XXX) XXX-XXXX	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>	
Phone Number <i>(Optional)</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input checked="" type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner	

**Example 3: Estate as Beneficiary**

<b>B</b>	<b>Beneficiary Designation</b> <i>(Attach an additional sheet to name additional beneficiaries.)</i>	
<b>Primary Beneficiary Designation</b> <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>		
<ul style="list-style-type: none"> <li>See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.</li> </ul>		
100 %	Estate of Anne Doe	
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	
(XXX) XXX-XXXX	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>	
Phone Number <i>(Optional)</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input checked="" type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner	

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EXAMPLE BENEFICIARY DESIGNATIONS**

**Example 4: Charity as Beneficiary**

<b>B</b>	<b>Beneficiary Designation</b> <i>(Attach an additional sheet to name additional beneficiaries.)</i>	
	<b>Primary Beneficiary Designation</b> <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>	
	<ul style="list-style-type: none"> <li>• See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.</li> </ul>	
	100 %	ABC Charity
	% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>
	(XXX) XXX-XXXX	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>
	Phone Number <i>(Optional)</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input checked="" type="checkbox"/> Other <input type="checkbox"/> Domestic Partner