



Beneficiary Designation
403(b) Plan

Use black or blue ink when completing this form. For questions regarding this form, contact Service Provider at 1-800-543-2520.

1013237-01 CITY OF WATERBURY 403(b) RETIREMENT SAVINGS PLAN

A Participant Information
Social Security Number, Account Extension, Last Name, First Name, M.I., Date of Birth, Street Address, Personal Phone Number, City, State, Zip Code, Work Phone Number, Email Address, Payroll Center, Married/Unmarried checkboxes.

B Primary Beneficiary Designation
Table with columns: % of Account Balance, Primary Beneficiary Name, Relationship, Social Security Number, Date of Birth.

Contingent Beneficiary Designation
Table with columns: % of Account Balance, Contingent Beneficiary Name, Relationship, Social Security Number, Date of Birth.

C Participant Consent
I have completed, understand and agree to all pages of this Beneficiary Designation form. Subject to and in accordance with the terms of the Plan, I am making the above beneficiary designations for my vested account in the event of my death.
This designation supercedes all prior designations. Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally. Primary and contingent beneficiaries must separately total 100% in whole percentages.
I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at: http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx.
Any person who presents false or fraudulent information is subject to criminal and civil penalties.
Participant Signature _____ Date (Required) _____

Last Name

First Name

M.I.

Social Security Number

Number

D Mailing Instructions**Participant forward to Service Provider**

MetLife c/o FASCore, LLC

Regular Mail:

PO Box 173768

Denver, CO 80217-3768

Phone: 1-800-543-2520

Fax: 1-866-745-5766

Website: www.mlr.metlife.com

Express Mail:

8515 E. Orchard Road

Greenwood Village, CO 80111

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