

**Beneficiary Designation
403(b) Plan**



**WATERBURY PUBLIC SCHOOLS 403(B) RETIREMENT SERVICES
PLAN**

1013237-01

Participant Information

Last Name	First Name	MI	Social Security Number
E-Mail Address			Account Extension (if applicable)
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried			Account extension identifies funds that were transferred to you through a divorce or death.

Plan Beneficiary Designation

This designation is effective upon execution and delivery to Service Provider at the address below. If I name more than one beneficiary in either category, the surviving beneficiaries in that category will share equally unless otherwise indicated. I have the right to change the beneficiary. If any information is missing, additional information may be required prior to recording my beneficiary designation. If my primary and contingent beneficiaries predecease me or I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan Document or applicable state law.

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 100.00%. The number of primary or contingent beneficiaries you may name is not limited. Attach an additional sheet, if necessary.

Primary Beneficiary

#1	.				
	% of Account Balance	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth
#2	.				
	% of Account Balance	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth
#3	.				
	% of Account Balance	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth
#4	.				
	% of Account Balance	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth
#5	.				
	% of Account Balance	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth

Contingent Beneficiary

#1	.				
	% of Account Balance	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth
#2	.				
	% of Account Balance	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth
#3	.				
	% of Account Balance	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth
#4	.				
	% of Account Balance	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth
#5	.				
	% of Account Balance	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth



Last Name	First Name	MI	Social Security Number
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Required Signature(s) - My signature acknowledges that I have received, read, understand and agree to all pages of this form, and affirms that all information I have provided is true and correct. 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.ustreas.gov/offices/eotffc/ofac>.

Participant Signature

Date

Employer Certification

Authorized Employer Signature

Date

Participant forward to Employer
Employer forward to Service Provider at:
MetLife c/o FASCore, LLC
PO Box 173768
Denver, CO 80217-3768
Express Address:
8515 E. Orchard Road, Greenwood Village, CO 80111
Phone #: 1-800-543-2520
Fax #: 1-866-745-5766
Web site: www.mlr.metlife.com