EMPOWER

Beneficiary Designation
Governmental 457(b) Plan

City of Tyler, Texas Deferred Compensation Plan **744963-01**

For My Information

- *For questions regarding this form, visit the website at empowermyretirement.com or contact Service Provider at 1-866-816-4400.*
- *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

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.)

❑ Married ❑ Unmarried

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 *(Name of Individual, Trust, Charity, etc.)* | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date

Street Address | City | State | Zip Code

( )
Phone Number *(Optional)*

Relationship *(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)*
❑ Spouse ❑ Child ❑ Parent ❑ Grandchild ❑ Sibling ❑ My Estate ❑ A Trust ❑ Other
❑ Domestic Partner

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% of Account Balance | Primary Beneficiary Name *(Name of Individual, Trust, Charity, etc.)* | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date

Street Address | City | State | Zip Code

( )
Phone Number *(Optional)*

Relationship *(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)*
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Street Address | City | State | Zip Code

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Phone Number *(Optional)*

Relationship *(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)*
❑ Spouse ❑ Child ❑ Parent ❑ Grandchild ❑ Sibling ❑ My Estate ❑ A Trust ❑ Other
❑ 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 *(Name of Individual, Trust, Charity, etc.)* | Social Security or Taxpayer Identification Number | Date of Birth or Trust Date

Street Address | City | State | Zip Code

( )
Phone Number *(Optional)*

Relationship *(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)*
❑ Spouse ❑ Child ❑ Parent ❑ Grandchild ❑ Sibling ❑ My Estate ❑ A Trust ❑ Other
❑ Domestic Partner

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

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

%

% of Account Balance | Contingent Beneficiary Name *(Name of Individual, Trust, Charity, etc.)* | Social Security or Taxpayer Identification Number | / / Date of Birth or Trust Date

Street Address | City | State | Zip Code

( )
Phone Number *(Optional)*

Relationship *(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)*
❑ Spouse ❑ Child ❑ Parent ❑ Grandchild ❑ Sibling ❑ My Estate ❑ A Trust ❑ Other ❑ Domestic Partner

%

% of Account Balance | Contingent Beneficiary Name *(Name of Individual, Trust, Charity, etc.)* | Social Security or Taxpayer Identification Number | / / Date of Birth or Trust Date

Street Address | City | State | Zip Code

( )
Phone Number *(Optional)*

Relationship *(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)*
❑ Spouse ❑ Child ❑ Parent ❑ Grandchild ❑ Sibling ❑ My Estate ❑ A Trust ❑ Other ❑ Domestic Partner

C **Signatures and Consent** *(Signatures must be on the lines provided.)*

Participant Consent for Beneficiary Designation *(Please sign on the 'Participant Signature' line below.)*

I have completed, understand and agree to all pages of this Beneficiary Designation form. Subject to the terms of the Plan, I am making the above beneficiary designations for my vested account in the event of my death. I acknowledge and agree that it is my responsibility to monitor the beneficiary designations in my account and to update the beneficiary designations as I deem necessary upon a change in marital status, death of a beneficiary or any other change that may impact my beneficiary designations.

If I have more than one primary beneficiary, the account will be divided as specified. If a primary beneficiary predeceases me, his or her benefit will be allocated to the surviving primary beneficiaries. Contingent beneficiaries will receive a benefit only if there is no surviving primary beneficiary, as specified. If a contingent beneficiary predeceases me, his or her benefit will be allocated to the surviving contingent beneficiaries. If I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan or applicable law. This designation is effective upon execution and delivery to Service Provider. If any information is missing, additional information may be required prior to recording my designation.

This designation supersedes 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%. The percentages can be divided up to two decimal points (Example: 33.33%).**

Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.

Participant Signature ______________________ **Date *(Required)*** __________

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Authorized Plan Administrator Signature *(Please sign on the 'Authorized Plan Administrator Signature' line below.)*

I accept the information provided by the participant on this form.

Authorized Plan Administrator Signature ______________________ **Date *(Required)*** __________

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Print Full Name ______________________

D Delivery Instructions

After all signatures have been obtained, this form can be

Uploaded Electronically:	OR	**Sent Regular Mail to:**	OR	**Sent Express Mail to:**
Login to account at **empowermyretirement.com** Click on Upload Documents to submit		Empower PO Box 56025 Boston, MA 02205-6025		Empower 8515 E. Orchard Road Greenwood Village, CO 80111

We will not accept hand delivered forms at Express Mail addresses.

Effective December 31, 2020, Empower acquired the Massachusetts Mutual Life Insurance Company's (MassMutual) retirement business, which includes group insurance retirement business issued by Talcott Resolution Insurance Company (Talcott) previously purchased by MassMutual. Empower administers the business on MassMutual's behalf, with certain administrative services being performed by MassMutual and its affiliates during a temporary transition period. MML Distributors, LLC is the principal underwriter for the Talcott group insurance contracts. Empower is not affiliated with MassMutual, Talcott, or any of their respective affiliates.

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 **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 of Individual, Trust, Charity, etc.)*	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
33.33 %	John M. Doe	XXX-XX-XXXX	01/06/1954

Street Address	City	State	Zip Code
111 Elm Street	Anytown	MO	60000

Phone Number *(Optional)*: (XXX) XXX-XXXX

Relationship *(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)*
☐ Spouse ☐ Child ☐ Parent ☐ Grandchild ■ Sibling ☐ My Estate ☐ A Trust ☐ Other ☐ Domestic Partner

% of Account Balance	Primary Beneficiary *(Name of Individual, Trust, Charity, etc.)*	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
33.33 %	Don M. Doe	XXX-XX-XXXX	01/06/1954

Street Address	City	State	Zip Code
222 North Avenue	Anytown	CA	90000

Phone Number *(Optional)*: (XXX) XXX-XXXX

Relationship *(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)*
☐ Spouse ☐ Child ☐ Parent ☐ Grandchild ■ Sibling ☐ My Estate ☐ A Trust ☐ Other ☐ Domestic Partner

% of Account Balance	Primary Beneficiary *(Name of Individual, Trust, Charity, etc.)*	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
33.34 %	Michelle L. Doe	XXX-XX-XXXX	01/06/1957

Street Address	City	State	Zip Code
333 West Blvd	Anytown	CO	80000

Phone Number *(Optional)*: (XXX) XXX-XXXX

Relationship *(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)*
☐ Spouse ☐ Child ☐ Parent ☐ Grandchild ■ Sibling ☐ My Estate ☐ A Trust ☐ Other ☐ Domestic Partner

Example 2: Trust as Beneficiary

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 of Individual, Trust, Charity, etc.)*	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
100 %	Trust of Jane Doe	XX-XXXXXXX	06/30/2015

Street Address	City	State	Zip Code
150 Main Street	Anytown	MO	60000

Phone Number *(Optional)*: (XXX) XXX-XXXX

Relationship *(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)*
☐ Spouse ☐ Child ☐ Parent ☐ Grandchild ☐ Sibling ☐ My Estate ■ A Trust ☐ Other ☐ Domestic Partner

Example 3: Estate as Beneficiary

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 of Individual, Trust, Charity, etc.)*	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
100 %	Estate of Anne Doe		/ /

Street Address	City	State	Zip Code
45 East Road	Anytown	MO	60000

Phone Number *(Optional)*: (XXX) XXX-XXXX

Relationship *(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)*
☐ Spouse ☐ Child ☐ Parent ☐ Grandchild ☐ Sibling ■ My Estate ☐ A Trust ☐ Other ☐ Domestic Partner

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EXAMPLE BENEFICIARY DESIGNATIONS

Example 4: Charity as Beneficiary

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.

100 %	ABC Charity	XX-XXXXXXX	/ /
% of Account Balance	Primary Beneficiary *(Name of Individual, Trust, Charity, etc.)*	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
75 South Place	Anytown	CO	80000
Street Address	City	State	Zip Code

(XXX) XXX-XXXX
Phone Number *(Optional)*

Relationship *(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)*

❑ Spouse ❑ Child ❑ Parent ❑ Grandchild ❑ Sibling ❑ My Estate ❑ A Trust ■ Other ❑ Domestic Partner