

Beneficiary Designation Governmental 457(b) Plan

Cit	y of Tyler, Texas Def	erred Compensation Plan		744963-01	
For	My Information				
	For questions regarding this Jse black or blue ink when	MAN TON MORE IN THE TON AN	irement.com or contact Service Provider at 1-866-816	-4400.	
Α	Participant Information				
	Account extension, if applica transferred to a beneficiary death, alternate payee du participant with multiple acco	due to participant's e to divorce or a	Social Security Number (Must provide all 9 dig	gits)	
	Last Name (The name provided MUST r	F natch the name on file with Service Provider.)	irst Name M.I. Date of Birth		
	☐ Married ☐ Un	married			
В	Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)				
	Primary Beneficiary D	Designation (Primary beneficiary designa	ations must total 100% - percentage can be made out to tw	o decimal places.)	
	See the attached exar or estate. %	mples on how to complete the below bene	eficiary designations if the beneficiary is a non-individua	al, such as a trust, charity	
	% 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 () Phone Number (Optional)		State If Relationship is not provided, request will be rejected and se □ Parent □ Grandchild □ Sibling □ My Estate	SAME PROPERTY AND ADDRESS AND	
	% of Account Balance	Prim <mark>ary Beneficiary</mark> Name (Name of Individual, Trust, Charity, etc.)	Social Security or Taxpayer Identification Number	P <mark>ate of Birth</mark> or Trust Date	
	Street Address () Phone Number (Optional)		State If Relationship is not provided, request will be rejected and se. □ Parent □ Grandchild □ Sibling □ My Estate	1.5	
	% 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 () Phone Number (Optional)		State If Relationship is not provided, request will be rejected and se □ Parent □ Grandchild □ Sibling □ My Estate		
	Contingent Beneficia	ry Designation (Contingent beneficiary	designations must total 100% - percentage can be made o	out to two decimal places.)	
	%			Ī. Ī	
	% of Account Balance	Contingent Beneficiary Name (Name of Individual, Trust, Charity, etc.)	S <mark>ocial Security or Taxpayer Identification Number </mark>	Date of Birth or Trust Date	
	Street Address		State If Relationship is not provided, request will be rejected and se		
	Phone Number (Optional)	☐ Spouse ☐ Child ☐ Domestic Partner	⊔ Parent ⊔ Grandchild ⊔ Sibling ⊔ My Estate	☐ A Trust ☐ Other	

Last	Name	F <mark>irst Name</mark>	M.I:	Social Security Number	744963-01 Number	
В Ве	Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)					
Co	Contingent Beneficiary Designation (Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)					
	%				1 1	
% 0	of Account Balance	Contingent Beneficiary Name (Name of Individual, Trust, Charity, etc.)		Social Security or Taxpaye Identification Number	r Date of Birth or Trust Date	
Stre	eet Address	City		State	Zip Code	
(Pho) one Number <i>(Optional)</i>			not provided, request will be rejected Grandchild □ Sibling □ My B	지, 하게, , '워', , 프레이트 워크 - '워' '워',	
24	%				1 1	
% 0	of Account Balance	Contingent Beneficiary Name (Name of Individual, Trust, Charity, etc.)		Social Security or Taxpaye Identification Number	r Date of Birth or Trust Date	
Stre	eet Address	City Relationship <i>(Reguired - I</i> t	Relationship is r	State not provided, request will be rejected	Zip Code I and sent back for clarification.)	
Pho	one Number (Optional)	☐ Spouse ☐ Child ☐ Domestic Partner	Parent ⊔ 0	Grandchild ⊔ Sibling ⊔ My E	Estate LI A Trust LI Other	
C Sig	Signatures and Consent (Signatures must be on the lines provided.)					
Par	Participant Consent for Beneficiary Designation (Please sign on the 'Participant Signature' line below.)					
abo ber	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.					
be as des	allocated to the surviv specified. If a conting signate beneficiaries,	rimary beneficiary, the account will be divid ving primary beneficiaries. Contingent bene lent beneficiary predeceases me, his or he amounts will be paid pursuant to the terms der. If any information is missing, additional	eficiaries will re er benefit will b of the Plan or :	ceive a benefit only if there is rope allocated to the surviving cor applicable law. This designation	o surviving primary beneficiary ntingent beneficiaries. If I fail to is effective upon execution and	
This dea	This designation supersedes all prior designations. Beneficiaries will share equally if percentages are not provided and any amounts unpaid upor 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%).					
An	Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.					
Pa	rticipant Signat	ure		Date (Re	quired)	
- 4 - ALC	A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.					
Aut	Authorized Plan Administrator Signature (Please sign on the 'Authorized Plan Administrator Signature' line below.)					
Lac	I accept the information provided by the participant on this form.					
Au Pla	ıthorized an Administrato	r Signature		Date (Re	equired)	
		re is required on this form. An electronic				

Print Full Name

				744963-01
La <mark>st Name</mark>	First Name	M.I.	Social Security Number	Number

D Delivery Instructions

After all signatures have been obtained, this form can be

Uploaded Electronically:
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OR
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Empower

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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

Exa	xample 1: Multiple Individuals as Beneficiaries						
В	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 d							
	or estate.	ples on how to complete the below ben	eficiary designations if the beneficiary is a no	n-individual, such as a trust, charity			
	33.33 %	John M. Doe	XXX-XX-XXXX	01/06/1954			
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date			
	111 Elm Street	Anytown	MO	60000			
	Street Address	City	State	Zip Code			
	(XXX) XXX-XXXX	Relationship (Required	- If Relationship is not provided, request will be reje	cted and sent back for clarification.)			
	Phone Number (Optional) ☐ Spouse ☐ Child ☐ Parent ☐ Grandchild ■ Sibling ☐ My Estate ☐ A Trust						
	00.00 %		WW W WWW	04/00/4054			
	33.33 % % of Account Balance	Don M. Doe Primary Beneficiary	XXX-XX-XXXX Social Security or Taxpayer	01/06/1954 Date of Birth			
	% of Account Barance	(Name of Individual, Trust, Charity, etc.)	Identification Number	or Trust Date			
	222 North Avenue	Anytown	CA	90000			
	Street Address	City	State	Zip Code			
	(XXX) XXX-XXXX		- If Relationship is not provided, request will be reje	and there are server to make the server are server for			
	Phone Number (Optional)	☐ Spouse ☐ Child☐ Domestic Partner	□ Parent □ Grandchild ■ Sibling □ M	My Estate □ A Trust □ Other			
	33.34 %	Michelle L. Doe	XXX-XX-XXXX	01/06/1957			
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date			
	333 West Blvd	Anytown	CO	80000			
	Street Address	City	State	Zip Code			
	(XXX) XXX-XXXX	Relationship (Required	- If Relationship is not provided, request will be reje	cted and sent back for clarification.)			
	Phone Number (Optional)	☐ Spouse ☐ Child	□ Parent □ Grandchild ■ Sibling □ M	My Estate □ A Trust □ Other			
		→ Domestic Partner					
Exa	mple 2: Trust as Ben	eficiarv					
В	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.)						
		mples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, ch					
	or estate. 100 %	Trust of Jane Doe	XX-XXXXXXX	06/30/2015			
	% of Account Balance	Primary Beneficiary	Social Security or Taxpayer	Date of Birth			
	150 Main Street	(Name of Individual, Trust, Charity, etc.)	Identification Number MO	or Trust Date 60000			
	150 Main Street Street Address	Anytown City	State	Zip Code			
	(XXX) XXX-XXXX	*5	- If Relationship is not provided, request will be reje	Par and an analysis and an ana			
	Phone Number (Optional)	TO SAME IT SAGE AND TO STATE AND TO STATE AND THE SAME AN	□ Parent □ Grandchild □ Sibling □ N				
		☐ Domestic Partner		•			
Exa	mple 3: Estate as Be	neficiary					
В		On (Attach an additional sheet to name ad	lditional beneficiaries.)				
	Primary Beneficiary D	esignation (Primary beneficiary design	ations must total 100% - percentage can be mad	de 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 or estate. 							
	100 %	Estate of Anne Doe					
	% of Account Balance	Primary Beneficiary (Name of Individual, Trust, Charity, etc.)	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date			
	45 East Road	Anytown	MO	60000			
	Street Address	City	State	Zip Code			
	(XXX) XXX-XXXX		- If Relationship is not provided, request will be reje	Belleman filter and a man and a man and a second that a milk remaining a construction of the contract of the c			
	Phone Number (Optional)		」 Spouse □ Child □ Parent □ Grandchild □ Sibling ■ My Estate □ A Trust □ Other				
		☐ Domestic Partner					

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Example 4: Charity as Beneficiary

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	1 1	
% 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	Anytow n	CO	80000	
Street Address	City	State	Zip Code	
(XXX) XXX-XXXX	Relationship (Required - If Rela	ationship is not provided, request will be rejected	and sent back for clarification.)	
Phone Number (Optional)	☐ Spouse ☐ Child ☐ Pa☐ Domestic Partner	rent ⊔ Grandchild ⊔ Sibling ⊔ My E	state ⊔ A Trust ■ Other	