

FAX COMPLETED FORMS TO: (714) 258-4185

Submission of this form indicates your intent to designate or change the beneficiaries on your SchoolsFirst FCU 457(b) DCP Share Certificate. The instructions received on this form supersede any prior instructions – including those stated in your will. Consult with an attorney regarding your estate as estate planning questions are beyond the scope of this form. A new form may be submitted at any time and is recommended whenever a life event has occurred. For example, the birth of a child or grandchild, a marriage or a divorce.

Note: Please allow **5 business days** after submission for your account information to update.

1 Participant Information

First Name _____ Last Name _____ Social Security Number (REQUIRED) _____ Date of Birth _____

Street Address _____ City _____ State _____ Zip Code _____ Phone Number _____

School District _____ Participant Email Address _____

2 Beneficiary Designation Information

SchoolsFirst FCU 457(b) DCP Share Certificate _____
DCP Member Number _____

Option 1 I am NOT MARRIED and designate the following person(s) to receive any death benefits.
I understand that if I marry, **this designation becomes void 12 months after my marriage.**

Name (First, MI, Last)	DOB (MM/DD/YYYY)	Relationship	Phone Number ((XXX) XXX-XXXX)	% of Benefit	Beneficiary Type
					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent

Must total 100% _____%

Option 2 I am MARRIED and designate my spouse, named below, to receive ALL death benefits from the Plan.

Spouse Name (First, Middle Initial, Last) _____ Spouse SSN _____ Spouse Address (Street address, City, State, Zip) _____

If my spouse is not living, pay death benefits to:

Name (First, MI, Last)	DOB (MM/DD/YYYY)	Relationship	Phone Number ((XXX) XXX-XXXX)	% of Benefit	Beneficiary Type
					<input type="checkbox"/> Contingent
					<input type="checkbox"/> Contingent
					<input type="checkbox"/> Contingent
					<input type="checkbox"/> Contingent

Must total 100% _____%

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Option 3 <input type="checkbox"/> I am MARRIED and designate the following person(s) to receive death benefits from the Plan <i>(spousal consent required -- see below).</i>					
Name (First, MI, Last)	DOB (MM/DD/YYYY)	Relationship	Phone Number (XXX) XXX-XXXX	% of Benefit	Beneficiary Type
					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
Must total 100% _____%					

If neither primary nor contingent is indicated, the individual or entity will be deemed a primary beneficiary. If any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro-rata basis. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share.

Spousal Consent *(This Section is Required for Option 3)*

I, the spouse of the above-named Plan participant, acknowledge and consent to the above beneficiary designation. I understand that in consenting to this distribution, I will be waiving rights to other distribution benefits that I would be legally entitled to receive.

Spouse's Signature (REQUIRED) _____
Date

3 Signatures

By signing below, I acknowledge that I have completed this DCP Beneficiary Designation Form and authorize any changes made to my account. Beneficiary information included on this form becomes effective within **5 business days** after receipt by SchoolsFirst FCU. The designations on this form remain in effect until a new DCP Beneficiary Designation Form is received by SchoolsFirst FCU. I understand that I may designate a beneficiary for my assets accumulated under the Plan and that if I choose not to designate a beneficiary, distributions will be made according to the Plan document or Share Certificate Custodial Account Agreement.

Participant Signature (REQUIRED) _____
Print Name _____
Date

TO BE COMPLETED BY SCHOOLSFIRST FCU (CUSTODIAN)

_____ SchoolsFirst FCU Representative	_____ Date

Return Instructions:

Fax completed forms to (714) 258-4185

Return to any branch, or mail to:

SchoolsFirst FCU
Attn: IRA Services
P.O. Box 11547
Santa Ana, CA 92711