



# LAUSD 457(b) Deferred Compensation Plan BENEFICIARY DESIGNATION FORM

PERSONAL INFORMATION (please print clearly using black or blue ink)	
NAME: _____	EMPLOYEE ID: _____
ADDRESS: _____ APT: _____	
CITY: _____	STATE: _____ ZIP CODE: _____
DAY PHONE: _____	EVENING PHONE: _____
EMAIL: _____	DATE OF BIRTH: ____/____/____

INSTRUCTIONS
<p>1. If you designate a trust as a beneficiary, please include the trust name and trust date.</p> <p>2. If you list more than one beneficiary, the total of all Primary and/or Contingent Beneficiaries must be in whole increments and equal 100%. If you need to add additional names, please use the back of this form clearly labeling Primary or Contingent Beneficiaries.</p> <p>3. If your Primary Beneficiary(ies) die(s) before you, then Plan benefits will be distributed to Contingent Beneficiary(ies).</p>

PRIMARY BENEFICIARY(IES)			
Full Name and Address	Date of Birth	Relationship to You	Percent of Benefit* (Whole % only, must total 100%)
<b>1</b> _____ _____ _____	____/____/____ M M D D Y Y Y Y		____ .00%
<b>2</b> _____ _____ _____	____/____/____ M M D D Y Y Y Y		____ .00%
<b>3</b> _____ _____ _____	____/____/____ M M D D Y Y Y Y		____ .00%
<b>4</b> _____ _____ _____	____/____/____ M M D D Y Y Y Y		____ .00%
<b>* A Percent of Benefit must be provided for each Primary Beneficiary, even if only a single beneficiary is listed. The percent assigned to each Primary Beneficiary must be in whole increments and must total to 100%. Both of these requirements must be met in order for this form to be accepted and processed.</b>			<b>100%</b>

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<b>CONTINGENT BENEFICIARY(IES)</b>			
<b>Full Name and Address</b>	<b>Date of Birth</b>	<b>Relationship to You</b>	<b>Percent of Benefit* (Whole % only, must total 100%)</b>
1 _____ _____ _____	____/____/____ M M D D Y Y Y Y		____.00%
2 _____ _____ _____	____/____/____ M M D D Y Y Y Y		____.00%
3 _____ _____ _____	____/____/____ M M D D Y Y Y Y		____.00%
4 _____ _____ _____	____/____/____ M M D D Y Y Y Y		____.00%
<b>*A Percent of Benefit must be provided for each Contingent Beneficiary, even if only a single beneficiary is listed. The percent assigned to each Contingent Beneficiary must be in whole increments and must total to 100%. Both of these requirements must be met in order for this form to be accepted and processed.</b>			<b>100%</b>

<b>AUTHORIZATION</b>
<p>I understand that I may revoke or change this designation at any time by filing a new designation of beneficiary in writing with the LAUSD and that by doing so, I revoke all prior designations.</p> <p>I understand that if none of the above-named beneficiary(ies) survive me, all benefits under the Plan will be distributed according to the provisions stated in the official plan document.</p> <p><i>I hereby certify under the pains and penalties of perjury that the information I furnished herein is true, accurate and complete.</i></p> <p><b>PARTICIPANT SIGNATURE</b> _____ <b>DATE</b> _____</p>

**CHECKLIST**

**PLEASE REVIEW YOUR APPLICATION CAREFULLY.**

- Read the required instructions.
- Provided complete personal information including name and Employee ID.
- Provided your Primary Beneficiary(ies). Make sure you have completed all the sections and that your percentages of benefit total 100%.
- Completed the Contingent Beneficiaries section (only if you want to have contingent beneficiaries). The total percent equals 100% of benefit.
- Listed the name, address, birth date and relationship of all Beneficiaries.
- Signed and dated your Beneficiary Designation (Authorized Signature). Must be dated in the last 90 days.
- Made a copy for your records and send the original to LAUSD.

**You will receive a confirmation statement on your beneficiary elections. If you have any questions or need to obtain additional plan or account information, please go online at <http://457b.lausd.net> or call the LAUSD 457(b) Deferred Compensation Plan Service Center at 1-844-52LAUSD (1-844-525-2873) (TTY/TTD users call 1-877-705-6680). Customer Service Associates are available Monday through Friday, 8:00 A.M. to 6:00 P.M. Pacific Time (excluding stock market holidays).**

**If your application is complete, please mail or fax the application and any additional documents to:**

**VIA FAX**

Voya Financial  
Attn: LAUSD 457(b) Deferred Compensation Plan  
1-844-265-5838

**VIA MAIL**

Voya Financial  
Attn: LAUSD 457(b) Deferred Compensation Plan  
P.O. Box 389  
Hartford, CT 06141

**VIA OVERNIGHT DELIVERY**

Voya Financial  
Attn: LAUSD 457(b) Deferred Compensation Plan  
One Orange Way  
Windsor, CT 06095