

 <p>CITY OF SAN JOSE CAPITAL OF SILICON VALLEY DEPARTMENT OF RETIREMENT SERVICES</p>	<p>Title</p> <p align="center">BENEFICIARY DESIGNATION FEDERATED RETIREE</p>	<p>Document No.</p> <p align="center">Form RP-4a</p>	<p>Rev.</p> <p align="center">04/25/2006</p>	<p>Page</p> <p align="center">1 of 1</p>
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Name: _____
 Social Security Number: _____
 E-Mail Address: _____

FEDERATED RETIREMENT BENEFIT

Name	Social Security Number	Date of Birth	Relationship	Primary	Contingent
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

\$500 DEATH BENEFIT

Beneficiary Name	Social Security Number	Date of Birth	Relationship	Primary	Contingent
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

ACCIDENT INSURANCE

Beneficiary Name	Social Security Number	Date of Birth	Relationship	Primary	Contingent
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

LIFE INSURANCE

Beneficiary Name	Social Security Number	Date of Birth	Relationship	Primary	Contingent
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

PLEASE NOTE: This beneficiary designation supersedes all previous beneficiary designations. Primary beneficiaries share equally. Secondary beneficiaries are paid only if no primary beneficiaries are living. Secondary beneficiaries share equally.

Retiree's Signature: _____
 Spouse/Domestic Partner
 Signature: _____
 Witness Signature: _____

Date: _____
 Date: _____
 Date: _____