

 <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">03/01/2011</p>	<p>Page</p> <p align="center">1 of 1</p>
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Name: _____

Last 4 digits of Social Security Number: _____

E-Mail Address: _____

Do not use white-out on this form. For corrections, please line through the error and initial the change.

\$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"/>

Deferred Compensation accounts in either the 457 Voluntary Plan or PTC Plan may view or change their beneficiaries online through ING's website at www.ingretirementplans.com/custom/sanjose. First time users can set up an ID and password for account access. (Note: The default PIN is the two-digit month and two-digit year of the participant's date of birth, MMY). Call ING at 1-800-584-6001 for help with accessing the account.

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: _____

Date: _____

Spouse/Domestic Partner
Signature: _____

Date: _____

Witness Signature: _____

Date: _____