

 <p>CITY OF <b>SAN JOSE</b> CAPITAL OF SILICON VALLEY OFFICE OF RETIREMENT SERVICES</p>	<p>Title</p> <p align="center"><b>BENEFICIARY DESIGNATION FEDERATED RETIREE</b></p>	<p>Document No.</p> <p align="center"><b>Form RP-4a</b></p>	<p>Rev.</p> <p align="center"><b>04/27/2021</b></p>	<p>Page</p> <p align="center"><b>1 of 1</b></p>
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Name: \_\_\_\_\_  
 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"/>

**VOLUNTARY 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 Voya's website at [www.voyaretirementplans.com](http://www.voyaretirementplans.com) or via Voya Customer Service (1-800-584-6001) once they have established their personal PIN #. First time users can request a PIN # via the website or by calling Voya Customer Service and the PIN # will be mailed to participant's mailing address on file within 5 business days upon request.

**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's Signature: \_\_\_\_\_  
 Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Date: \_\_\_\_\_