

BEN 101

 <p>CITY OF SAN JOSE CAPITAL OF SILICON VALLEY OFFICE OF RETIREMENT SERVICES</p>	Title	Document No.	Rev.	Page
	<p>BENEFICIARY DESIGNATION POLICE & FIRE RETIREE</p>	<p>Form RP-4b</p>	<p>08/04/2023</p>	<p>1 of 1</p>

Name: _____

Social Security Number: _____

E-Mail Address: _____

\$1000 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"/>

* If you die and do not have an eligible surviving spouse or surviving domestic partner or eligible surviving children, your estate and/or the person(s) listed above will receive a total death benefit of \$1,000.

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 - Members with funds in either the 457 Voluntary Plan or PTC Plan may view or change their beneficiaries online through Voya’s website at www.voyaretirementplans.com or 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: Primary beneficiaries share equally. Secondary beneficiaries are paid only if no primary beneficiaries are living. Secondary beneficiaries share equally. Beneficiary designation is for the Police & Fire Retirement Plan only and supersedes all previous beneficiary forms for the Plan. This form is only to be used for designating beneficiaries for the Police & Fire Retirement Plan. If you are also a member of the Federated Retirement Plan, you must submit a separate Federated Tier 1 Beneficiary Designation form (RP-4a) or Federated Tier 2 Beneficiary Designation form (RP-4c) to designate beneficiaries for that Plan.

Retiree’s Signature: _____

Date: _____

Spouse/Domestic Partner’s Signature: _____

Date: _____

Witness Signature: _____

Date: _____