BEN 101

CITY OF SAN JOSE CAPITAL OF SILICON VALLEY OFFICE OF RETIREMENT SERVICES	Title **BENEFICIARY DESIGNATION** **POLICE & FIRE RETIREE** TIER 2	Document No. **Form RP-4b**	Rev. **04/19/2024**	Page **1 of 1**

Name: _____

Social Security Number: _____

E-Mail Address: _____

ACCIDENT INSURANCE

Beneficiary Name	Social Security Number	Date of Birth	Relationship	Primary	Contingent
				☐	☐
				☐	☐
				☐	☐
				☐	☐

LIFE INSURANCE

Beneficiary Name	Social Security Number	Date of Birth	Relationship	Primary	Contingent
				☐	☐
				☐	☐
				☐	☐
				☐	☐

VOLUNTARY LIFE INSURANCE

Beneficiary Name	Social Security Number	Date of Birth	Relationship	Primary	Contingent
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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: _____