

 <p>CITY OF SAN JOSE CAPITAL OF SILICON VALLEY OFFICE OF RETIREMENT SERVICES</p>	<p>Title</p> <p>BENEFICIARY DESIGNATION FEDERATED RETIREE TIER 1</p>	<p>Document No.</p> <p>Form RP-4a</p>	<p>Rev.</p> <p>08/04/2023</p>	<p>Page</p> <p>1 of 1</p>
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Name: _____

Social Security Number: _____

E-Mail Address: _____

REMAINING CONTRIBUTIONS* (IF NO SURVIVOR)

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"/>

*Paid only if there is a remaining contribution balance at time of death.

\$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 - 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 Federated Retirement Plan only and supersedes all previous beneficiary forms for the Plan. This form is only to be used for designating beneficiaries for the Federated Retirement Plan. If you are also a member of the Police & Fire Retirement Plan, you must submit a separate Police & Fire Beneficiary Designation form (RP-4b) to designate beneficiaries for that Plan.

Retiree's Signature: _____

Date: _____

Spouse/Domestic
Partner's Signature: _____

Date: _____

Witness Signature: _____

Date: _____