

 <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>11/16/2022</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 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: 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’s Signature: _____ Date: _____
 Witness Signature: _____ Date: _____