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CITY OF SAN JOSE CAPITAL OF SILICON VALLEY OFFICE OF RETIREMENT SERVICES	Title **BENEFICIARY DESIGNATION FEDERATED RETIREE TIER 1**	Document No. **Form RP-4a**	Rev. **08/28/2025**	Page **1 of 1**

Name: _____
Social Security Number: _____
E-Mail Address: _____

$500 DEATH BENEFIT

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

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
				☐	☐
				☐	☐
				☐	☐
				☐	☐

REMAINING CONTRIBUTIONS: If the total benefits paid to the retiree, survivors, and/or estate are less than the retiree's accumulated contributions and interest, the difference will be paid to the estate. [SJMC 3.28.1070]

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: _____