

## BENEFICIARY DESIGNATION INSTRUCTIONS

Voya Retirement Insurance and Annuity Company  
A member of the Voya® family of companies  
PO Box 990063, Hartford, CT 06199-0063  
Fax: 800-643-8143



As used on this form, the term “Voya,” “Company,” “we,” “us” or “our” refer to VRIAC or VIPS as your plan’s funding agent and/or administrative services provider. Contact us for more information.

### GOOD ORDER

Good order is receipt at our designated location of this form accurately completed, and must include the date and signature of you, the Account Holder, and your spouse, if spousal consent is required. If this form is not received in good order, as determined by us, it may be returned to you for correction and processed upon resubmission in good order at our designated location.

### CONDITIONS AND REQUIREMENTS OF A BENEFICIARY DESIGNATION

1. You are permitted to designate a Beneficiary under the County of San Bernardino Defined Contribution Plans in which you participate.
2. If you participate in multiple Plans and wish to designate a different Beneficiary(ies) under each Plan, you must complete separate forms and indicate for which Plan the designation applies. If you wish to designate the same Beneficiary(ies) under all the Plans in which you participate, you only need to complete one form and indicate for which Plans the designation applies to.
3. If you are married, the sole primary Beneficiary shall be your spouse, unless your spouse consents to an alternate Beneficiary designation.
4. If spousal consent is required, the signature of the spouse must be witnessed by a Notary Public or Plan Sponsor Representative.
5. Please indicate your full legal name and the full legal name of each designated Beneficiary(ies).
  - A married woman should be indicated by her own given name, not that of her husband.  
Example: Mary N. Jones, not Mrs. John R. Jones
  - Do not designate a Beneficiary by relationship or class (*e.g., my children*). Each Beneficiary must be specifically named.
6. If more than one Beneficiary is designated, payment will be made in the percentages designated (*or in equal shares*) to the **Primary Beneficiaries** who survive the Account Holder, or if none survive the Account Holder, payment will be made in the percentages designated (*or in equal shares*) to the **Contingent Beneficiaries** who survive the Account Holder.
7. Your Beneficiary data will be administered based on the Right of Survivorship, unless otherwise provided by your Employer’s Plan. This means that, in order to receive a death benefit a Beneficiary must be living. For example, if you named three equal Primary Beneficiaries and one were to predecease you, the surviving Beneficiaries would receive the full value of your Plan account (*i.e., 50% to each living Beneficiary*).
8. If there are no surviving Primary or Contingent Beneficiaries, payment will be made pursuant to terms of the Plan.
9. All designations **must be in whole percentages**. See the 2nd example below for an odd-numbered Beneficiary Designation. Total percentage must equal 100% for Primary Beneficiary and **100%** for Contingent Beneficiary (*if designated*). If a percentage is not designated, the Company will assume that you wish the value of your account balance(s) to be split equally among all Designated Beneficiaries.
10. If you need further assistance, please contact one of our customer service associates at the number above.
11. Please keep a copy for your records. Mail the original to the address shown on this form.

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## REQUEST TYPE

Initial Designation     Change to Designation

### 1. ACCOUNT HOLDER INFORMATION (Required)

Name (last, first, middle initial) \_\_\_\_\_ SSN (Required) \_\_\_\_\_

Work Phone (Include extension.) \_\_\_\_\_ Home Phone \_\_\_\_\_

### 2. PLAN INFORMATION (Check appropriate boxes.)

I wish to designate the following Beneficiary(ies) to receive the payment of benefits under the following Plan(s) upon my death. I understand this designation shall revoke all prior beneficiary designations made by me under the following Plan(s).

Plan Type	Plan Name	Plan #
<input type="checkbox"/> 457(b)	County of San Bernardino Deferred Compensation Plan	666785
<input type="checkbox"/> 401(k)	The San Bernardino County 401(k) Salary Savings Plan	666786
<input type="checkbox"/> PST	County of San Bernardino PST Deferred Compensation Retirement Plan	666788
<input type="checkbox"/> 401(a)	The San Bernardino County 401(a) Defined Contribution Plan	666789

### 3. BENEFICIARY DESIGNATION (Please print. Changes must be initialed by the Account Holder. Total Percentage must equal 100% for Primary Beneficiary and 100% for Contingent Beneficiary. Contingent Beneficiary(ies) will only receive payment if all Primary Beneficiaries have predeceased the Account Holder.)

I understand that if I am married I must designate my Spouse as the sole Primary Beneficiary entitled to 100% of my account balance(s) unless my Spouse consents to the designation of another Beneficiary, my Spouse cannot be located or I am legally separated or abandoned within the meaning of local law.

	Enter Complete Legal Name, Address and Phone #	Date of Birth (mm/dd/yyyy)	Relationship	SSN/TIN	Percentage of Benefit
<input type="checkbox"/> Primary					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					

(Beneficiaries continued on next page.)

**3. BENEFICIARY INFORMATION** (Continued)

	Enter Complete Legal Name, Address and Phone #	Date of Birth (mm/dd/yyyy)	Relationship	SSN/TIN	Percentage of Benefit
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					

Please check if additional beneficiaries are noted on the back of this form and follow same format as above.

**4. TRUST CERTIFICATION** (Only complete if naming a Trust as a Beneficiary.)

By signing below, I certify that:

- A. Name of Trust or Trust instrument \_\_\_\_\_
- B. The Trust or Trust instrument identified above, is in full force and effect and is a valid Trust or Trust instrument under the laws of the State or Commonwealth of \_\_\_\_\_.
- C. The Trust is irrevocable, or will become irrevocable, upon my death.
- D. All beneficiaries are individuals and are identifiable from the terms of the Trust.

In the event that any of the information provided above changes, I will provide Voya with the changes, within a reasonable period of time.

By designating a Trust, additional documentation and/or certification may be required.

**5. ACCOUNT HOLDER MARITAL STATUS** (Account Holder must select one option.)

- I am unmarried; therefore spousal consent is **not** required.
- I am married and have designated my Spouse as my sole Primary Beneficiary entitled to 100% of my account balance(s); therefore spousal consent is **not** required.
- I am married and have designated someone other than my spouse as my Primary Beneficiary to receive the portion of my account balance(s) to which my spouse is entitled; my Spouse **must** consent to my election by completing the Spousal Consent section.
- My Spouse cannot be located or I am legally separated or abandoned within the meaning of local law (retain legal supporting documentation in your files); therefore spousal consent is **not** required.

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**6. ACCOUNT HOLDER SIGNATURE AND CERTIFICATION**

I hereby certify under the pains and penalties of perjury that information I furnished herein is true, accurate and complete.

I acknowledge I have read the instructions that accompany this form and understand the conditions and requirements that apply to this beneficiary designation.

Account Holder Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

City and State Where Signed \_\_\_\_\_

Witness Name (Please print.) \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

(Account Holder's signature must be witnessed. Witness must be a person of legal age, and someone other than a designated beneficiary.)

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**7. SPOUSAL CONSENT**

This must be completed by the Account Holder's spouse if the spouse is not designated as the sole primary beneficiary. Spouse's consent must be certified by a Notary Public or employer/plan sponsor representative below.

Consent to Beneficiary Designation: I understand that the plan in which my spouse has an account entitles me to a benefit payment, if any, if my spouse dies. Without my consent, my spouse cannot designate another individual as a primary beneficiary. By signing below, I consent and understand that I may not receive any benefit unless I am a named beneficiary.

Spouse Name \_\_\_\_\_ SSN \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

On this the \_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_ before me, \_\_\_\_\_ (Notary)

the undersigned officer, personally appeared \_\_\_\_\_ (spouse) known to me (or satisfactorily proven) to

be the person whose name is subscribed to within the instrument and acknowledged that he/she executed the same for the

purposes therein contained.

**In Witness Whereof, I hereunto set my hand**

(Seal)

\_\_\_\_\_  
**Notary Public**

My Commission Expires \_\_\_\_\_

**OR**

**AUTHORIZED PLAN REPRESENTATIVE**

The above spousal consent was signed by the Spouse in my presence.

Authorized Plan Representative Name (Please print.) \_\_\_\_\_

Authorized Plan Representative Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

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**MAIL OR FAX INSTRUCTIONS (Please keep a copy for your records.)**

**Please return the completed form to:** Voya Retirement Insurance and Annuity Company  
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