PERA SmartSave
Deferred Compensation Plan

PERA SmartSave

BENEFICIARY DESIGNATION FORM

PERSONAL INFORMATION (please print clearly using black or blue ink)

NAME: _____ **SOCIAL SECURITY NUMBER:** _____

ADDRESS: _____ **APT:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

DAY PHONE: _____ **EVENING PHONE:** _____

EMAIL: _____ **DATE OF BIRTH:** _____/_____/_____

EMPLOYER NAME: _____

INSTRUCTIONS

1. If you designate a trust as a beneficiary, please include the trust name and trust date.
2. If you list more than one beneficiary, the total of all Primary and/or Contingent Beneficiaries must be in whole increments and equal 100%. If you need to add additional names, please use a separate piece of paper clearly labeling Primary or Contingent Beneficiaries.
3. If your Primary Beneficiary(ies) die(s) before you, then Plan benefits will be distributed to Contingent Beneficiary(ies).

PRIMARY BENEFICIARY(IES)

	Full Name and Address	Social Security Number	Date of Birth	Relationship to You	Percent of Benefit* (Whole % only, must total 100%)
1	_____ _____ _____	_____	___/___/_____ MM DD YYYY		___ .00%
2	_____ _____ _____	_____	___/___/_____ MM DD YYYY		___ ___ .00%
3	_____ _____ _____	_____	___/___/_____ MM DD YYYY		___ ___ .00%
4	_____ _____ _____	_____	___/___/_____ MM DD YYYY		___ ___ .00%
	***A Percent of Benefit must be provided for each Primary Beneficiary, even if only a single beneficiary is listed. The percent assigned to each Primary Beneficiary must be in whole increments and must total to 100%. Both of these requirements must be met in order for this form to be accepted and processed.**				**100%**

CONTINGENT BENEFICIARY(IES)

Full Name and Address	Social Security Number	Date of Birth	Relationship to You	Percent of Benefit* (Whole % only, must total 100%)
1 _____	_____	___/___/_____ MM DD YYYY		___ .00%
2 _____	_____	___/___/_____ MM DD YYYY		___ ___ .00%
3 _____	_____	___/___/_____ MM DD YYYY		___ ___ .00%
4 _____	_____	___/___/_____ MM DD YYYY		___ ___ .00%
***A Percent of Benefit must be provided for each Contingent Beneficiary, even if only a single beneficiary is listed. The percent assigned to each Contingent Beneficiary must be in whole increments and must total to 100%. Both of these requirements must be met in order for this form to be accepted and processed.**				**100%**

AUTHORIZATION

I understand that I may revoke or change this designation at any time by filing a new designation of beneficiary in writing with PERA SmartSave and that by doing so, I revoke all prior designations.

I understand that if none of the above-named beneficiary(ies) survive me, all benefits under the Plan will be distributed according to the provisions stated in the official plan document.

I hereby certify that the information I furnished herein is true, accurate and complete.

PARTICIPANT SIGNATURE _____ **DATE** _____

CHECKLIST

PLEASE REVIEW YOUR APPLICATION CAREFULLY.

- ❑ Read the required instructions.
- ❑ Provided complete personal information including name,Social Security number, and marital status.
- ❑ Provided your Primary Beneficiary(ies). Make sure you have completed all the sections and that your percentages of benefit total 100%.
- ❑ Completed the Contingent Beneficiaries section (only if you want to have contingent beneficiaries). The total percent equals 100% of benefit.
- ❑ Listed the name, address, Social Security number, birth date and relationship of all Beneficiaries.
- ❑ Signed and dated your Beneficiary Designation (Authorized Signature). Must be dated in the last 90 days.
- ❑ Made a copy for your records and send the original to PERA SmartSave.

You will receive a confirmation statement on your beneficiary elections. If you have any questions or need to obtain additional plan or account information, please go online at PERASmartSave.voya.com or call the PERA SmartSave Service Center at 1-833-424-7283 (SAVE)(TTY/TTD users call 1-800-579-5708). Customer Service Associates are available Monday through Friday, 7:00 A.M. to 7:00 P.M. Mountain Time (excluding stock market holidays).

If your application is complete, please mail or fax the application and any additional documents to:

VIA FAX
Voya Financial
Attn: PERA SmartSave
1-844-299-2373

VIA MAIL
Voya Financial
Attn: PERA SmartSave
P.O. Box 24747
Jacksonville, FL 32241-4747

VIA OVERNIGHT DELIVERY
Voya Financial
Attn: PERA SmartSave
8900 Prominence Parkway
Jacksonville, FL 32256-8264