



CITY OF ANAHEIM EMPLOYEE INFORMATION CHANGE FORM – PAGE 2 OF 2

Employer Plan Number _____

Social Security Number _____

Name (Please Print) _____

4. BENEFICIARY DESIGNATION CHANGE (continued)

B. Contingent Beneficiary(ies) – will receive your assets if there is no primary beneficiary(ies) living at the time of your death.

Complete this section **ONLY** if you want to change or add a contingent beneficiary. If you do not complete this section, no changes will be made to your existing contingent beneficiary designation.

The changes you indicate here will apply only to the plan indicated in Section 1. If you have multiple plans with ICMA-RC, please complete a separate form for each plan.

The contingent beneficiary information you indicate here will supersede previously submitted information and will be used by ICMA-RC to determine the contingent beneficiary(ies) entitled to all or a portion of your plan account.

Name	Relationship to You*	Address	Social Security Number**	Date of Birth	% of Benefit

* The beneficiary relationship options are spouse, non-spouse, trust, and charity.

** For tax reporting purposes.

Total: 100%

5. SPOUSAL CONSENT

**SPOUSAL CONSENT APPLIES TO (1) MOST 401 PLANS IF ELECTED BY THE EMPLOYER AND
(2) ALL 401 AND 457 PLANS IF YOU LIVE IN A COMMUNITY PROPERTY STATE.**

Most 401 plans require that if you are married, your spouse is the primary beneficiary for 100 percent of the account unless your spouse waives this right. If you are married and you do not designate your spouse as your primary beneficiary for 100 percent of the account, your spouse must sign the Spousal Consent portion of this form in the presence of a plan representative or a notary public. Additionally, if you live in a community property state, you must generally name your spouse as beneficiary in the 401 and 457 plans unless your spouse waives this right. Please read the form instructions for additional information.

Spousal Consent to Name a Non-Spousal Primary Beneficiary(ies):

By signing below, I hereby voluntarily consent to the beneficiary designation made by my spouse and waive my designation as sole primary beneficiary. I understand that (1) the effect of this designation is to cause some or all of my spouse's death benefit to be paid to someone other than me; (2) each beneficiary designation is not valid unless I consent to it; and (3) my consent (signature) must be witnessed by either my spouse's plan representative or a notary public. **Please note that if you live in a community property state, the spousal consent must be witnessed by a notary public.**

Signature of Participant's Spouse

_____/_____/_____
Month Day Year

Print Name of Participant's Spouse

SPOUSAL CONSENT IS REQUIRED TO BE WITNESSED BY:

Employer's Plan Representative

Signature of Spouse witnessed this _____ day
of _____ (month), 20_____

Employer Representative's Signature

Print Name of Employer Representative

OR

Notary Public*

Subscribed and sworn before me this _____ day
of _____ (month), 20_____

Notary Public's Signature

Notary Public SEAL _____

My commission

expires _____

*** IF YOU LIVE IN A COMMUNITY PROPERTY STATE, THE SPOUSAL CONSENT MUST BE WITNESSED BY A NOTARY PUBLIC.**

6. AUTHORIZATION

Participant Signature

Date

Employer Signature (if required)

Date