

**North Texas School District Consortium  
457(b) FICA Alternative Plan  
Designation of Beneficiary Form**

**INSTRUCTIONS**

1. Complete Sections 1 and 2.
2. If you are married and designating your spouse as sole primary beneficiary, your spouse's notarized signature is NOT required. Your spouse's notarized signature is only required in Section 3 if you are designating a person other than or in addition to your spouse as sole primary beneficiary. If you are not married, your notarized signature is NOT required.

**SECTION 1: Participant Information**

Participant Name: \_\_\_\_\_

Participant Social Security #: \_\_\_\_\_

Marital Status:       Single                       Married                      District Name: \_\_\_\_\_

**SECTION 2: Complete Beneficiary Information**

**Designation of Beneficiary**

1. In order to comply with federal law, the Plan requires that if you are married, your surviving spouse will be your sole primary beneficiary, unless your spouse waives this right.
2. If you wish to designate a person or persons other than your spouse, or in addition to your spouse, as your sole primary beneficiary, you must obtain the notarized consent of your spouse in writing on this form by completing Section 3 (the Notary can use the form on the back of this page to notarize your spouse's signature or attach a separate acknowledgement). Failure to obtain your spouse's consent in these instances will render this designation invalid. Any consent by a spouse applies only to that spouse and not any future spouse. Therefore, if a new marriage occurs, a new Designation of Beneficiary Form must be completed and the new spouse's consent must be obtained.
3. You are considered married if you are under decree of separate maintenance or decree of legal separation.
4. If the location of your spouse is unknown, you must attach to this form a notarized statement stating that your spouse cannot be located.
5. You reserve the right to revoke or change your designation of beneficiary.
6. It is your responsibility to keep your designation of beneficiary current.
7. If, upon your death, there is no valid designation of beneficiary on file with the Trust Administrator, any payments that are due will be paid in accordance with the Plan Document.

**Beneficiary:**              percentage = \_\_\_\_\_ %       Primary       Contingent

**Name:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Beneficiary:**              percentage = \_\_\_\_\_ %       Primary       Contingent

**Name:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

(To designate additional beneficiaries, attach a separate sheet providing the information requested above.)

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Section 3: Spousal Consent**

I hereby consent to the above beneficiary designation of my spouse, a participant of this Plan. I understand that in consenting to the designation of anyone except myself as primary beneficiary, I am waiving my rights to a survivor benefit that I would legally be entitled to at a later date.

**Spouse's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION 4: Signature and Stamp of Notary Public**

Please use the form on the reverse side to notarize Spousal Signature in Section 4 or attach a separate acknowledgement.

**WHEN COMPLETED, PLEASE RETURN THIS FORM TO:  
PARS at P.O. Box 12919, Newport Beach, CA 92658**