



Beneficiary Designation Governmental 457(b) Plan

City of Billings 457(b) Deferred Compensation Plan

781269-01

For My Information

- For questions regarding this form, visit the website at empowermyretirement.com or contact Service Provider at 1-800-701-8255.
- Use black or blue ink when completing this form.

A Participant Information

Account extension, if applicable, identifies funds transferred to a beneficiary due to participant's death, alternate payee due to divorce or a participant with multiple accounts.

Account Extension

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Social Security Number (Must provide all 9 digits)

/ /

Last Name First Name M.I.
(The name provided MUST match the name on file with Service Provider.)

Date of Birth

()

Daytime Phone Number

()

Alternate Phone Number

Email Address

Married Unmarried

B Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)

Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)

- See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.

%

/ /

% of Account Balance Primary Beneficiary Name Social Security or Taxpayer Identification Number Date of Birth or Trust Date
(Name of Individual, Trust, Charity, etc.)

Street Address City State Zip Code
() Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)
Phone Number (Optional) Spouse Child Parent Grandchild Sibling My Estate A Trust Other
 Domestic Partner

%

/ /

% of Account Balance Primary Beneficiary Name Social Security or Taxpayer Identification Number Date of Birth or Trust Date
(Name of Individual, Trust, Charity, etc.)

Street Address City State Zip Code
() Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)
Phone Number (Optional) Spouse Child Parent Grandchild Sibling My Estate A Trust Other
 Domestic Partner

%

/ /

% of Account Balance Primary Beneficiary Name Social Security or Taxpayer Identification Number Date of Birth or Trust Date
(Name of Individual, Trust, Charity, etc.)

Street Address City State Zip Code
() Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)
Phone Number (Optional) Spouse Child Parent Grandchild Sibling My Estate A Trust Other
 Domestic Partner

Contingent Beneficiary Designation (Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)

%

/ /

% of Account Balance Contingent Beneficiary Name Social Security or Taxpayer Identification Number Date of Birth or Trust Date
(Name of Individual, Trust, Charity, etc.)

Street Address City State Zip Code
() Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)
Phone Number (Optional) Spouse Child Parent Grandchild Sibling My Estate A Trust Other
 Domestic Partner

Last Name

First Name

M.I.

Social Security Number

Number

B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i>				
Contingent Beneficiary Designation <i>(Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>				
% / /				
% of Account Balance	Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date	
Street Address (_____)	City	State	Zip Code	
Phone Number <i>(Optional)</i>	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i> <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner			
% / /				
% of Account Balance	Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date	
Street Address (_____)	City	State	Zip Code	
Phone Number <i>(Optional)</i>	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i> <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner			
C Signatures and Consent <i>(Signatures must be on the lines provided.)</i>				
Participant Consent for Beneficiary Designation <i>(Please sign on the 'Participant Signature' line below.)</i>				
<p>I have completed, understand and agree to all pages of this Beneficiary Designation form. Subject to the terms of the Plan, I am making the above beneficiary designations for my vested account in the event of my death. I acknowledge and agree that it is my responsibility to monitor the beneficiary designations in my account and to update the beneficiary designations as I deem necessary upon a change in marital status, death of a beneficiary or any other change that may impact my beneficiary designations.</p> <p>If I have more than one primary beneficiary, the account will be divided as specified. If a primary beneficiary predeceases me, his or her benefit will be allocated to the surviving primary beneficiaries. Contingent beneficiaries will receive a benefit only if there is no surviving primary beneficiary, as specified. If a contingent beneficiary predeceases me, his or her benefit will be allocated to the surviving contingent beneficiaries. If I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan or applicable law. This designation is effective upon execution and delivery to Service Provider. If any information is missing, additional information may be required prior to recording my designation.</p> <p>This designation supersedes all prior designations. Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally. Primary and contingent beneficiaries must separately total 100%. The percentages can be divided up to two decimal points (Example: 33.33%).</p> <p>Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.</p>				
Participant Signature _____ Date (Required) _____ <i>A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.</i>				
Authorized Plan Administrator Signature <i>(Please sign on the 'Authorized Plan Administrator Signature' line below.)</i> <p>I accept the information provided by the participant on this form.</p>				
Authorized Plan Administrator Signature _____ Date (Required) _____ <i>A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.</i>				
Print Full Name _____				

Last Name

First Name

M.I.

Social Security Number

D Delivery Instructions					
After all signatures have been obtained, this form can be					
Uploaded Electronically:	OR	Sent Regular Mail to:		OR	Sent Express Mail to:
Login to account at empowermyretirement.com		Empower PO Box 56025 Boston, MA 02205-6025			Empower 8515 E. Orchard Road Greenwood Village, CO 80111
Click on Upload Documents to submit					
We will not accept hand delivered forms at Express Mail addresses.					

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