OMNI # 910270
DMO/BENE

Oklahoma County 457 Plan

BENEFICIARY DESIGNATION FORM

(Please use black ink only.)

CHECK THE SPACE THAT APPLIES:

- ❑ I hereby certify that I am not married and I understand that if I later marry, my spouse will receive my entire account balance upon my death unless after my marriage I sign a new Beneficiary Designation Form with my spouse's consent to designation of some other beneficiary(ies).
- ❑ I certify that I am married and that I am designating my spouse as sole Primary Beneficiary.
- ❑ I certify that I am married, that I am designating someone other than my spouse as Primary Beneficiary (in whole or in part) and that my spouse consents to such designation on the reverse of this form.
- ❑ I certify that I am married and that an authorized plan representative (whose certification is attached hereto) is satisfied that my spouse cannot be located.

If you designate more than one Primary or Contingent Beneficiary and you fail to designate a percentage share for each beneficiary, then upon your death, benefits will be divided equally among the beneficiaries listed.

I hereby designate the following beneficiaries to receive any benefits payable under the Plan upon my death. (Attach a separate sheet if additional space or special instructions are required).

PRIMARY BENEFICIARIES

Who shall share (while living) any benefits payable upon my death (to the exclusion of my contingent beneficiaries). If a Primary Beneficiary dies prior to receiving his or her entire share, such share (or remaining portion thereof) shall be payable proportionately to any surviving Primary Beneficiaries.

Name _____

Address _____ City _____ St _____ Zip _____

Relationship _____ Birth Date _____ SSN _____ % of Benefit _____

Name _____

Address _____ City _____ St _____ Zip _____

Relationship _____ Birth Date _____ SSN _____ % of Benefit _____

CONTINGENT BENEFICIARIES

Who shall share (while living) any remaining benefits in the event all my Primary Beneficiaries die before receiving all benefits payable upon my death. If a Contingent Beneficiary dies prior to receiving his or her entire share, such share (or remaining portion thereof) shall be payable proportionately to any surviving Contingent Beneficiary.

Name _____

Address _____ City _____ St _____ Zip _____

Relationship _____ Birth Date _____ SSN _____ % of Benefit _____

Name _____

Address _____ City _____ St _____ Zip _____

Relationship _____ Birth Date _____ SSN _____ % of Benefit _____

This designation revokes any prior designation and can be revoked at any time by providing a new completed Beneficiary Designation Form (with any spousal consent as may then be required) to the Plan Administrator.

Participant Name _____ Signature _____

SSN _____ Date _____

Witness* _____ Signature _____

** **Your signature must be witnessed by someone who is not named herein as a beneficiary.***

Date Received by Plan Administrator _____

RETURN THIS FORM TO YOUR BENEFITS & RETIREMENT DEPARTMENT.

SPOUSE'S CONSENT TO DESIGNATION OF OTHER PRIMARY BENEFICIARY

PARTICIPANT INFORMATION

Name:_____ SSN:_____

I hereby consent irrevocably to the above designation by my spouse of a primary beneficiary other than myself. I understand that the effect of this consent is to waive my right under the Plan to receive my spouse's entire account balance in the event of the death of my spouse.

Spouse's Signature _____ Date _____

Acknowledgment of Witness:

I hereby acknowledge that _____, to me known personally, appeared
(name of spouse)

before me on this _____day of _____, _____, and subscribed his or her name immediately above and acknowledged to me that he or she did so as his or her free and voluntary act and deed for the uses and purposes set forth in this Beneficiary Designation Form.

_____
Authorized Plan Representative

. . . OR . . .

_____
Notary Public for State of_____
County of_____

_____
My Commission Expires:

(Affix Seal Here)

RETURN THIS FORM TO YOUR BENEFITS & RETIREMENT DEPARTMENT.