



Designation of Beneficiary

Navajo Nation Department of Retirement Services

UPDATE YOUR BENEFICIARY

Navajo Nation Department of Retirement Services is requesting you complete and return the attached beneficiary form by December 18, 2020, so your 401(k) account will be given to those listed according to your wishes.

If you are MARRIED: Your beneficiary is automatically your spouse unless your spouse consents in writing to another beneficiary designation.

If you are SINGLE: You are free to name any beneficiary you want to receive the distribution from your Plan.

If you later get married, your new spouse will automatically become your beneficiary and your prior designation will no longer be in effect.

If your beneficiary is not living or cannot be located, your surviving spouse is your beneficiary, then your surviving children, including legally adopted children, and lastly your estate.

You may **change** your beneficiary at any time by completing a new beneficiary designation form and filing it with the Department of Retirement Services.

Be sure to **change** your beneficiary **if you are divorced or widowed** to insure that your 401(k) account goes to the person(s) of your choosing.

Visit our website at: www.nndrs.navajo-nsn.gov or call our office at 928-871-6089 to update your Designation of Beneficiary form.

Designation of Beneficiary

Personal Information

Last Name	First Name	M.I.	Social Security Number
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Instructions:

Using black ink only, complete this Designation of Beneficiary Form, make a copy for your records, and file the original with your employer. This Designation includes and is subject to the General Provisions on the second page, which should be read carefully before completing this form.

Upon filing of the form in accordance with the instructions noted above, I, the participant named above, hereby revoke any beneficiary designation I may previously have made under the above plan and designate the following as my beneficiary(ies) under the plan. I understand that if I am married and name someone other than my spouse as a primary beneficiary, my spouse must consent by signing on the second page of this form, and, he/she must have that signature witnessed by a notary public; otherwise my beneficiary designation will be invalid and my spouse will be my sole beneficiary assuming we have been married for at least one year prior to my death*.

Beneficiary Designations (All fields required) The form has space to name up to three primary and contingent beneficiaries. If you want to name more than three beneficiaries, attach a separate listing of your beneficiaries, with all required beneficiary information noted on the form. Certain fields do not apply to non individual beneficiaries (such as estates, trusts or charities).

Primary Beneficiary(ies):

Name	Bene %	Relationship	Social Security # or TIN	Current Address	Date of Birth
1.					
2.					
3.					

100% (Beneficiary percentages must equal 100%)

Contingent Beneficiary(ies):

Name	Bene %	Relationship	Social Security # or TIN	Current Address	Date of Birth
1.					
2.					
3.					

100% (Beneficiary percentages must equal 100%)

Current Marital Status (check one)

For married participants, federal law requires the spouse to sign this form when the participant designates a primary beneficiary other than the spouse. Failure to do so will invalidate the non-spouse beneficiary designation and will result in the automatic designation of the spouse as the beneficiary assuming the participant and spouse were married for at least one year prior to the participant's death*.

Please select 'Unmarried Plan Participant' if your status is any of the following: Single, Legally Separated, Divorced, Widow/Widower, Civil Union or Domestic Partnership. These categories are treated similarly for purposes of applying federal tax law rules relating to spousal consent.

Unmarried Plan Participant

I am not married. I understand if my marital status changes in the future and assuming I have been married for at least one year prior to my death*, my spouse is automatically my beneficiary unless a new Designation of Beneficiary Form is filed with the spousal consent completed on the second page of the Form.

Married Plan Participant

I am married. If my spouse is not the sole primary beneficiary, my spouse has signed the consent on the second page of this form. (If consent of your spouse cannot be obtained, e.g. cannot be located or is incapacitated, contact your employer for information about possible alternatives.)

Participant Signature**	Date**
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* If required by the plan.
 **Your form is not complete unless signed and dated.
Confidential once Completed and Returned

Consent by Spouse

I certify that I am the spouse of the participant named on the first page of this form, and understand that I have the right to all (or a portion if the plan is subject to QJSA/QPSA rules) of my spouse's vested account in the plan after my spouse dies if I have been married to my spouse for at least one year prior to my spouse's death*. I agree to give up my right to the account and allow my spouse to designate the named beneficiary(ies) to receive such benefits. I am aware that if I do not sign this consent, then I will receive my spouse's vested account balance under the plan when my spouse dies. I understand that I do not have to sign this consent. I am signing this consent voluntarily. I, in writing witnessed by a notary public, hereby consent to and acknowledge the effect of this beneficiary designation.

Spouse Signature _____	Date _____
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Signature witnessed by a Notary Public:

State of _____ (_____ ss.
County of _____ (_____

BEFORE ME, the undersigned, a Notary Public, personally appeared _____ who executed the above Consent by a Spouse as a free and voluntary act.

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal (if any) on _____.

SEAL (if any) _____ Notary Public _____

My Commission expires: _____

(If witnessed by a Notary Public, the notarial seal must be affixed.)

General Provisions

1. A separate account will be set up for each beneficiary upon the participant's death, as evidenced by a certified copy of a death certificate or other proof of death acceptable to the plan administrator.
2. Unless otherwise expressly provided on the first page of this Designation of Beneficiary Form, and subject to the terms of the plan, all sums payable under the plan by reason of the death of the participant shall be paid as follows:
 - a) The entire death benefit shall be paid in equal shares to the primary beneficiaries who survive the participant.
 - b) If no primary beneficiary survives the participant, the entire death benefit shall be paid in equal shares to the contingent beneficiaries who survive the participant. A contingent beneficiary will only receive a benefit if ALL primary beneficiaries predecease the participant.
 - c) If no primary or contingent beneficiary survives the participant, the entire death benefit shall be paid according to the terms of the plan.
 - d) If a beneficiary is alive and otherwise eligible to receive a benefit on the date of the participant's death but dies before actually receiving payment of the entire benefit, the remaining benefit shall be paid to the deceased beneficiary's estate unless the deceased beneficiary designated his or her own beneficiary.
 - e) If a primary or contingent beneficiary does not survive the participant, such beneficiary's interest shall lapse, and the percentage of any remaining primary or contingent beneficiaries shall be increased on a pro rata basis.
3. The Participant may change this Designation of Beneficiary Form at any time without the consent of any person designated as a Beneficiary (other than any required consent by spouse.)
4. Neither this Designation of Beneficiary Form nor any future change to it will be effective for any purpose unless filed with your employer in accordance with the instructions noted on the first page and prior to the death of the participant.
5. This Designation of Beneficiary Form is subject to the terms of the Plan, as it may be amended from time to time. All rights of the participant, the designated beneficiaries, and any other person who benefits under the Plan are governed by the terms of the plan. The employer has the right to amend the plan in any manner that may affect this form without notice to, or consent of, any participant or beneficiary.
6. This Designation of Beneficiary Form only applies to the plan named in the top left corner on the first page of the Form. It does not affect the beneficiary designations you have made for any other of your employee benefit plans or life insurance benefits.

For Processing Use Only

Received by _____	Date _____
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* If required by the plan.