

**Suffolk County Public Employees
Deferred Compensation Plan**

Mutual Fund Beneficiary Designation Form

Group ID# 61616001



VALIC Retirement Services Company

1. CLIENT INFORMATION

Name: _____ SSN or Tax ID: _____

Account Number(s): Changes made on this form will apply to all of your **Mutual Fund Accounts Only** unless you note specific accounts below.

2. PRIMARY BENEFICIARY DESIGNATION - Primary beneficiaries receive death benefits upon the client's death.

- This beneficiary designation supersedes all previous beneficiary designations for such account(s).
- A beneficiary may be an individual, institution, estate, or trust.
- To ensure that all beneficiaries are identified, list each by name.
- If you wish to designate as beneficiaries your current children, and any children who may be born to you or legally adopted in the future, add the words "all my living children" in the name box following the last child listed.
- If no percentage is indicated, your benefits will be paid equally to the listed beneficiaries.
- **Section 4 must also be completed if you are designating a minor as a beneficiary.**

1. Name: _____ Phone: (_____) _____ SSN or Tax ID: _____
E-mail: _____ Relationship: _____ ^{DOB or} Trust Date: _____ Percent: ____ %
Address: _____ City: _____ State: _____ ZIP: _____

2. Name: _____ Phone: (_____) _____ SSN or Tax ID: _____
E-mail: _____ Relationship: _____ ^{DOB or} Trust Date: _____ Percent: ____ %
Address: _____ City: _____ State: _____ ZIP: _____

3. Name: _____ Phone: (_____) _____ SSN or Tax ID: _____
E-mail: _____ Relationship: _____ ^{DOB or} Trust Date: _____ Percent: ____ %
Address: _____ City: _____ State: _____ ZIP: _____

Total 100%

Check here if you have named additional primary beneficiaries on a separate sheet, signed, dated and attached to this form. Print your name and social security number at the top of each separate sheet attached.

3. CONTINGENT BENEFICIARIES - Contingent beneficiaries receive death benefits if all the primary beneficiaries are deceased at the time of the client's death.

1. Name: _____ Phone: (_____) _____ SSN or Tax ID: _____
E-mail: _____ Relationship: _____ ^{DOB or} Trust Date: _____ Percent: ____ %
Address: _____ City: _____ State: _____ ZIP: _____

2. Name: _____ Phone: (_____) _____ SSN or Tax ID: _____
E-mail: _____ Relationship: _____ ^{DOB or} Trust Date: _____ Percent: ____ %
Address: _____ City: _____ State: _____ ZIP: _____

3. Name: _____ Phone: (_____) _____ SSN or Tax ID: _____
E-mail: _____ Relationship: _____ ^{DOB or} Trust Date: _____ Percent: ____ %
Address: _____ City: _____ State: _____ ZIP: _____

Total 100%

Check here if you have named additional contingent beneficiaries on a separate sheet, signed, dated and attached to this form. Print your name and social security number at the top of each separate sheet attached.

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4. MINOR AS BENEFICIARY

VALIC Retirement Services Company will only pay claims to a beneficiary who is a minor through a custodian or an alternative guardianship arrangement. If you have named a minor as your beneficiary, please designate a custodian under your states' Uniform Transfers (Gifts) to Minors Act or contact a local attorney regarding other alternatives to guardianship requirements.

_____ as Custodian for _____ under the
(name of custodian) (name of beneficiary who is a minor)
_____ Uniform Transfers (Gifts) to Minors Act.
(state)

Check here if you have named custodians for additional minors who are beneficiaries on a separate sheet, signed, dated and attached to this form.

5. CLIENT SIGNATURE

I authorize the Beneficiary designations indicated on this form and attest to the accuracy of the information contained therein.

Client Signature: _____ Date: _____

BENEFICIARY DESIGNATION

In the event that no Beneficiary is designated, the Plan distribution will be paid to your estate unless the plan document provides otherwise.

Upon the Client's death, payment shall be made to the Primary Beneficiary(ies) if living, otherwise to the Contingent Beneficiary(ies) if living unless otherwise indicated. If there is no Beneficiary living when the Client dies, payment shall be made to the Client's estate unless the plan document provides otherwise.

Only lawful children, born to or legally adopted by the Client, shall be included as a class if the class designation of "children" or "all my children" is named as Beneficiary.

The plan sponsor may rely on an affidavit by any Beneficiary relating to the date of birth, death, marriage or remarriage, names, addresses and other facts concerning all Beneficiaries. The plan sponsor shall incur no liability in relying and acting on such affidavit.

CHANGE OF BENEFICIARY DESIGNATION

The Client has the right to change the Beneficiary Designation by written request in form satisfactory to the plan sponsor signed while the Client is alive. When the written request has been recorded, the change shall be effective as of the date the request was signed, even though the Client may have since died.

A change of Beneficiary Designation will have no effect on any action taken by the company before the change is recorded. A change of Beneficiary Designation shall revoke any prior Beneficiary Designation.

WHEN TO COMPLETE FORM:

Complete this form to designate a Beneficiary(ies) for your Retirement Plan account. Please fax this form to 1-877-202-0187 or mail to the address below for processing:

VALIC Document Control
P.O. Box 15648
Amarillo, TX 79105-5648

If overnight delivery: VALIC Retirement Services Company
1050 N. Western St.
Amarillo, TX 79106-7011

Questions about this form may be directed to 1-800-942-7475, Monday through Friday, 8 a.m. – 9 p.m. Eastern Time