



**STATE EMPLOYEES' DEFERRED COMPENSATION PLAN
BENEFICIARY ELECTION FORM**

Please type or print clearly in ink. Initial any corrections, additions, deletions, or changes in pen. For more information, call the Deferred Compensation Office at 1-800/442-1300, 1-217/782-7006 or TDD 1-800/526-0844.

Last Name	First	Middle Initial	Social Security Number	Pay Code
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BENEFICIARIES (A beneficiary may be a person, trust, estate, or other legal entity.) The percentages for both the Primary Beneficiaries and the Contingent Beneficiaries must be in whole numbers and each should total 100%.

- Designate "P" or "C" for Primary or Contingent Beneficiary. List all Primary Beneficiaries first.

<i>P or C</i>	_____ Last Name	_____ First	_____ Middle Initial	_____ Relationship	_____ Date of Birth	_____ Social Security No.
	_____ Street			_____ City/State/Zip		_____ % Percent to Receive
<i>P or C</i>	_____ Last Name	_____ First	_____ Middle Initial	_____ Relationship	_____ Date of Birth	_____ Social Security No.
	_____ Street			_____ City/State/Zip		_____ % Percent to Receive
<i>P or C</i>	_____ Last Name	_____ First	_____ Middle Initial	_____ Relationship	_____ Date of Birth	_____ Social Security No.
	_____ Street			_____ City/State/Zip		_____ % Percent to Receive
<i>P or C</i>	_____ Last Name	_____ First	_____ Middle Initial	_____ Relationship	_____ Date of Birth	_____ Social Security No.
	_____ Street			_____ City/State/Zip		_____ % Percent to Receive
<i>P or C</i>	_____ Last Name	_____ First	_____ Middle Initial	_____ Relationship	_____ Date of Birth	_____ Social Security No.
	_____ Street			_____ City/State/Zip		_____ % Percent to Receive

READ THIS INFORMATION COMPLETELY BEFORE SIGNING

- Participants may designate primary and contingent beneficiaries. Contingent beneficiaries become effective only after the death of all primary beneficiaries prior to the death of the participant. Once a primary beneficiary becomes entitled to the benefits, the contingent designation by the participant is no longer in effect.
- If more than one beneficiary is named in either category, benefits will be paid according to the following rules:
 - Beneficiaries can be designated to share equally or to receive specific percentages.
 - If a beneficiary dies before the participant, the benefits will be paid only to the surviving beneficiaries. If more than two beneficiaries are originally named to receive different percentages of the benefits, surviving beneficiaries will share in the same proportion to each other as indicated in the original designation.
Example: Original designation is: John Doe, 10%; Mary Doe, 50%; and William Doe 40%. If Mary Doe dies before the participant, John Doe will be entitled to receive 20% of the benefits and William Doe, 80%.
- Beneficiary designations may be changed at any time by filing a new form with the department. The new designation will be effective when received by the department.
- If a beneficiary has not been designated, or all designated beneficiaries have died prior to the participant's death, or the designation is ineffective for any reason, the estate of the participant will be the beneficiary.

I hereby elect my beneficiary(ies) as named above. This designation of beneficiaries supersedes all prior designations of beneficiaries I have made.

Signature X _____ Date _____

Send this completed form to your Agency Liaison or directly to the Deferred Compensation Office

In compliance with the state and federal constitution, the Illinois Human Rights Act, the Americans with Disabilities Act, and Section 504 of the Federal Rehabilitation Act, the Department of Central Management Services does not discriminate in employment, contracts, or any other activity.