



**Beneficiary Designation
Governmental 457(b) Plan**

GMA 457B CITY OF POOLER DCP

1013231-01

For My Information

- For questions regarding this form, visit the Web site at www.mlr.metlife.com or contact Service Provider at 1-800-543-2520.
- 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. Date of Birth

 Email Address Daytime Phone Number

Married Unmarried _____
 Alternate Phone Number

B Beneficiary Designation

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

_____%	_____ Primary Beneficiary Name	_____ Relationship	_____ Social Security Number	_____/_____/_____ Date of Birth
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_____ Street Address	_____ City	_____ State	_____ Zip Code
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(_____) _____
 Phone Number

_____%	_____ Primary Beneficiary Name	_____ Relationship	_____ Social Security Number	_____/_____/_____ Date of Birth
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_____ Street Address	_____ City	_____ State	_____ Zip Code
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(_____) _____
 Phone Number

_____%	_____ Primary Beneficiary Name	_____ Relationship	_____ Social Security Number	_____/_____/_____ Date of Birth
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_____ Street Address	_____ City	_____ State	_____ Zip Code
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(_____) _____
 Phone Number

Contingent Beneficiary Designation

_____%	_____ Contingent Beneficiary Name	_____ Relationship	_____ Social Security Number	_____/_____/_____ Date of Birth
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_____ Street Address	_____ City	_____ State	_____ Zip Code
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(_____) _____
 Phone Number

_____%	_____ Contingent Beneficiary Name	_____ Relationship	_____ Social Security Number	_____/_____/_____ Date of Birth
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_____ Street Address	_____ City	_____ State	_____ Zip Code
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(_____) _____
 Phone Number

