



## Designation of Beneficiary Form - Supplemental Retirement Plan

*Solutions today for a secure financial tomorrow.*

Please return this form to: GEBA, P.O. Box 206, Annapolis Junction, MD 20701-0206.  
 Call us with questions at (301) 688-7912 or (800) 826-1126.

### Member Information:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Member #: \_\_\_\_\_  
(if unknown, leave blank)  
 Address: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone (black number): \_\_\_\_\_ Email Address: \_\_\_\_\_

- I would like to have *Solutions* mailed directly to my home address.
- I do not wish to receive GEBA marketing emails, which may or may not include our monthly newsletter, promotion information, and plan details.

### Membership Status:

Agency Employee       New Hire (within 31 days of hire)       NSA/CSS Military Assignee       Agency Retiree

Agency Contractor: Contract company name \_\_\_\_\_

Spouse of employee / retiree / military: Spouse's name \_\_\_\_\_

Domestic Partner of employee / retiree / military: Partner's name \_\_\_\_\_

Visit [www.geba.com](http://www.geba.com) to print, or call to request a Declaration of Domestic Partnership form. Partner's application cannot be processed until GEBA has this form on file.

### Account Information:

Which plan(s) do you want this designation of beneficiaries applied to? (Choose all that apply below)

**Guaranteed Investment Contract (GIC)**

**MetLife Variable Annuity**

<input type="checkbox"/> IRA	<input type="checkbox"/> IRA
<input type="checkbox"/> Group Annuity	<input type="checkbox"/> Group Annuity
<input type="checkbox"/> Roth	

- Beneficiaries may be a person(s), estate, trust, or organization. If a trust is named, the legal documentation must be submitted with this form.
- If your primary beneficiary(ies) is(are) unable to accept the distribution, your contingent beneficiary(ies) will receive proceeds of the account.
- Please be sure that percentages listed in each beneficiary category add up to 100%. Use a separate sheet to list any additional beneficiaries. You must sign and date all attachments.

**Primary Beneficiary:**

First Name, MI, Last Name	DOB	SSN	Relationship	Street Address	City, State & ZIP	% of Benefit
<b>TOTAL:</b>						<b>100%</b>

**Secondary Beneficiary:**

First Name, MI, Last Name	DOB	SSN	Relationship	Street Address	City, State & ZIP	% of Benefit
<b>TOTAL:</b>						<b>100%</b>

\*Attach a separate sheet of paper to designate additional beneficiaries. Attachments must be signed and dated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_