



Government of the District of Columbia Office of Human Resources
Defined Contribution Pension Plan
Designation of Beneficiary Form

PART I- PARTICIPANT

Name (Last, First, Middle)	Marital Status Married Separated Single Divorced	Date of Birth (Month, Day, Year)	Social Security Number
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Place an "X" in the appropriate box below

<input type="checkbox"/> New Employee Enrollment	<input type="checkbox"/> Retiree or appointment	Date of Hire _____	First DC Appt? Yes No (If no, please explain below any appointments before 10/01/87)
<input type="checkbox"/> Active Employee/Change	<input type="checkbox"/> Receiving or an applicant to receive Disability Compensation	DC RBCD _____ To be completed by agency	
<input type="checkbox"/> A Separate Employee/change	<input type="checkbox"/> Change (other)		

PART II- BENEFICIARY DESIGNATION

I, the individual identified above, cancelling any and all previous designations of Beneficiary under the District of Columbia Defined Contribution Pension Plan heretofore made by me do now designate the beneficiary or beneficiaries named below to receive any pension funds due and payable at my death.

I understand that this designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing. If this designation form is determined invalid for any reason, the next prior valid designation form will be given full force and effect. If no such prior form exists, the proceeds will be distributed according to the requirements of any qualified domestic relations court order or the Order of Precedence.

Type or Print Name	Address (including Zip Code)	Relationship	Percentage Payable	
1. Social Security No. (If available) Birth date (If available)				%
2. Social Security No. (If available) Birth date (If available)				%
3. Social Security No. (If available) Birth date (If available)				%

PART III- SPOUSAL CONSENT

I am the Spouse of the above named Participant and understand that if I survive the Participant and was legally married to the Participant at the time of the participant's death, I will be entitled to a benefit equal to 100% of the participant's vested interests under the above named plan. I further understand that I may waive all or a portion of this benefit by voluntarily signing the Consent to the participant's Beneficiary Designation IN THE PRESENCE OF A NOTARY PUBLIC. I have not been subject to coercion, duress or unique influence in this connection and hereby voluntarily consent to the above designation of beneficiaries and waive any in all claim to benefits as spouse of the participant, except as set forth on said designation, so long as it remains in force.

This Spousal Consent is given the _____ day of _____ 20_____

SPOUSES NAME (print or type) _____ SPOUSES SIGNATURE _____

NOTARY PUBLIC

CITY/STATE _____

On _____, before me, the undersigned, a Notary Public in and for said State, personally appeared _____ personally known to me or proved to me to be the person who's name is subscribed to the within instrument and acknowledged that _____ executed the same.

WITNESS my hand and official seal. _____

PART IV- SIGNATURE

Date of Execution (Month, Day, Year)		Signature of Participant	
Please check to ensure all statements below are true: I have signed this form in the presence of two witnesses who have signed below. Neither witness is named as a beneficiary If I designated shares to be paid to more than one beneficiary, the shares add up to 100% (Dollar amounts are not acceptable.)			
WITNESSES TO SIGNATURE (A witness is ineligible to receive payment as a beneficiary):			
Signature of Witness		Number and Street	City, State and Zip Code
Signature of Witness		Number and Street	City, State and Zip Code
Department of Human Resources	Date Of Receipt	Agency Representative and Title	Phone Number

Please return your completed form to:

DC 401(a) Retirement Plan
 Department of Human Resources
 441 4th Street, NW, Room 340 North
 Washington, DC 20001