



# South Carolina State Firefighters' Association Retirement Plan and Trust & Length of Service Awards Program (LOSAP)

## Designation of Beneficiary Form

### Important Beneficiary Information To Consider Before Completing This Form

When you enroll in the plan, it is important that you name a beneficiary to receive your plan benefits if you should die. Your beneficiary can be your spouse, child, brother, sister, parent, or anyone else you choose. You may change your beneficiary choice as often as you wish. If you wish to designate a minor as a beneficiary, you should consult with an estate advisor to meet your state requirements.

**Married Participants:** Under current federal law, your spouse will be entitled to receive, upon your death, any benefits payable from the plan. You may designate a primary beneficiary other than your spouse, but you **MUST** have your spouse's consent to do so. This consent must be in writing and witnessed by a Notary Public.

**Single Participants:** If you are single at the time you designate a beneficiary and you subsequently marry, the beneficiary designation you made when you were single will become null and void on the date of your marriage. Upon your subsequent death, your spouse will be entitled to receive any payable plan benefits unless you have completed a new beneficiary designation.

### Examples of Beneficiary Designations

BENEFICIARY	DESIGNATION	SAMPLE WORDING & %'s
(a) You may designate one beneficiary. If you are married, please see restrictions above.	<b>Primary:</b>	Nancy K. Smith, Parent 100%
(b) You may designate two or more beneficiaries. Unless otherwise specified, benefits will be paid share and share alike, or to the survivor or survivors.	<b>Primary:</b> <b>Primary:</b>	Jane E. Doe, Spouse 75% Mary E. Doe, Daughter 25%
(c) You may designate one or more contingent beneficiary(ies) to receive the benefit if your primary beneficiary does not survive you.	<b>Contingent:</b> <b>Contingent:</b>	John E. Doe, Jr., Son 50% Nancy K. Smith, Parent 50%
(d) Trustee	<b>Primary:</b>	Thomas A. Smith and Harvey W. Jones, or their successors, trustees for the benefit of Jane E. Doe, Mary E. Doe, and John E. Doe, Jr., under agreement dated 01/06/2005 100%
(e) Testamentary Trust	<b>Primary:</b>	Trustee of the Testamentary Trust under Last Will of Employee 100%

**Once you have completed this form, please return it to your Department Chief.**



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## Designation of Beneficiary Form

In the event of my death while a participant in the South Carolina State Firefighters' Association Retirement Plan and/or Length of Service Awards Program, I hereby designate the following as my beneficiary(ies) to whom my benefits shall be paid (*please type or print legibly*):

### Member Data

FIRST NAME	M.I.	LAST NAME
SOCIAL SECURITY NUMBER (LAST 4 DIGITS)		EMAIL
MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	DAYTIME TELEPHONE NUMBER	MOBILE TELEPHONE NUMBER

**Primary Beneficiary(ies)** Make sure that the total percentage allotted to the Primary Beneficiary(ies) equals 100%. You may designate a primary beneficiary other than your spouse, but you **MUST** have your spouse's consent to do so. This consent must be in writing and witnessed by a Notary Public (see section below). To add more beneficiaries, attach additional sheets (be sure to include ALL of the requested information).

FULL NAME (FIRST/MIDDLE INITIAL/LAST)			FULL NAME (FIRST/MIDDLE INITIAL/LAST)		
ADDRESS			ADDRESS		
CITY/STATE/ZIP CODE			CITY/STATE/ZIP CODE		
RELATIONSHIP	DATE OF BIRTH	PERCENTAGE %	RELATIONSHIP	DATE OF BIRTH	PERCENTAGE %
SOCIAL SECURITY NUMBER			SOCIAL SECURITY NUMBER		
<input type="checkbox"/> Please check the box if this beneficiary does not have a Social Security number.			<input type="checkbox"/> Please check the box if this beneficiary does not have a Social Security number.		

**Authorization** I hereby designate the person(s) named above to receive the value of my interest in the event of my death. This designation supersedes all other previous designations.

YOUR SIGNATURE	DATE
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**Spouse's Consent to Participant's Non-Spouse Beneficiary Designation** (*To Be Completed Only If Your Spouse Is NOT Sole Primary Beneficiary*) As the spouse of the above-named participant, I understand that I am entitled to his/her benefit under the plan if he/she should die prior to receiving such benefit. I hereby voluntarily waive any right to such benefit and consent to the designation of the above-listed party(ies) as my spouse's Primary and/or Contingent Beneficiary(ies) under the plan(s).

SPOUSE'S SIGNATURE	DATE	NOTARY PUBLIC SIGNATURE	DATE
State of _____ County of _____ On this _____ day of _____ in the year of _____ Name of Spouse _____ appeared personally before me (the Notary Public), is known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged that he/she executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal.		DATE NOTARY COMMISSION EXPIRES	(SEAL)



# South Carolina State Firefighters' Association Retirement Plan and Trust & Length of Service Awards Program (LOSAP)

## Designation Of Beneficiary (Continued)

**Contingent Beneficiary(ies)** Make sure that the total percentage allotted to the Contingent Beneficiary(ies) equals 100%. Unless otherwise indicated, payment should be made in the indicated percentage to any Primary Beneficiary who survives me. If NO Primary Beneficiary survives me, payment should be made in the indicated percentage to the Contingent Beneficiary(ies) who survive me. If none of the named beneficiaries should survive me, the benefits should be paid in the manner provided in the plan or, if there is no applicable plan provision, to my estate.

FULL NAME (FIRST/MIDDLE INITIAL/LAST)		
ADDRESS		
CITY/STATE/ZIP CODE		
RELATIONSHIP	DATE OF BIRTH	PERCENTAGE %
SOCIAL SECURITY NUMBER		
<input type="checkbox"/> Please check the box if this beneficiary does not have a Social Security number.		

FULL NAME (FIRST/MIDDLE INITIAL/LAST)		
ADDRESS		
CITY/STATE/ZIP CODE		
RELATIONSHIP	DATE OF BIRTH	PERCENTAGE %
SOCIAL SECURITY NUMBER		
<input type="checkbox"/> Please check the box if this beneficiary does not have a Social Security number.		

FULL NAME (FIRST/MIDDLE INITIAL/LAST)		
ADDRESS		
CITY/STATE/ZIP CODE		
RELATIONSHIP	DATE OF BIRTH	PERCENTAGE %
SOCIAL SECURITY NUMBER		
<input type="checkbox"/> Please check the box if this beneficiary does not have a Social Security number.		

FULL NAME (FIRST/MIDDLE INITIAL/LAST)		
ADDRESS		
CITY/STATE/ZIP CODE		
RELATIONSHIP	DATE OF BIRTH	PERCENTAGE %
SOCIAL SECURITY NUMBER		
<input type="checkbox"/> Please check the box if this beneficiary does not have a Social Security number.		

- Unless otherwise indicated, payment should be made in equal shares to any Primary Beneficiary who survives me by at least 30 days. If no Primary Beneficiary survives me by at least 30 days, payment should be made in equal shares (unless otherwise indicated) to the Contingent Beneficiary(ies) who survives me by at least 30 days. If none of the beneficiaries named by me should survive me by at least 30 days, the benefits shall be paid in the manner provided in the Plan or, if there is no applicable plan provision, to my estate.
- Effective on the date this designation is received by the Plan Administrator, it supersedes and cancels all previous designations of beneficiaries made by me under the Plan. I reserve the right to change this designation at any time by filing a new designation. I understand that the designation of a Primary Beneficiary other than my spouse is null and void (and that benefits will be paid to my spouse) unless my spouse consents to the designation by signing below. I understand that any consent by my spouse shall be effective only with respect to such spouse, and that if I remarry and wish to name a non-spousal beneficiary, I will need the consent of my new spouse.