

WSU Supplemental Retirement Plan Beneficiary Designation/Change Form

Employee/Participant Name:	Employee/Participant SSN:
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Beneficiary Designation: I request that my beneficiary under the Washington State University (WSU) Supplemental Retirement Plan be designated as indicated below. I understand the supplementation benefit is payable only if I am eligible under plan rules and I cannot change my beneficiary after I retire.

Note: Both single employees and employees who are married or in a state registered domestic partnership may designate a beneficiary. The term "spouse" herein includes state registered domestic partner. (On December 6, 2012, Washington state law changed to allow same-sex couples to marry. Under the new law, Washington state domestic partnerships of same-sex couples will automatically convert to marriages on June 30, 2014, with some exceptions.) The named beneficiary(s) must be either your legal spouse or an individual with "an insurable interest" in your life. Documentation of marriage, partnership or insurable interest is required and must support the relationship. If it is determined that you are eligible for this benefit upon your retirement or death prior to retirement, the spousal survivor options will be based on the actual ages of you and your spouse, not to exceed five years. If you name a beneficiary with an insurable interest other than a spouse, the survivor options will be based on the actual ages of you and your beneficiary. If you designate more than one beneficiary, the survivor options will be based on the actual ages of you and the youngest designated beneficiary.

If you are not legally married or in a state registered domestic partnership and you do not have a documented beneficiary on file with WSU Human Resource Services (HRS), then no payment will be made to any survivor. The right of the employee to change the beneficiary is hereafter reserved. The most current signed form on file with the HRS office will be the form of record. Changes cannot be made after you retire.

Beneficiary Designation*: Complete only 1 selection (Spouse/Registered Domestic Partner **OR** Beneficiary).

<input type="checkbox"/> Spouse/State Registered Domestic Partner (Documentation required; please include with this form.)	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px;">Name (Last, First, MI)</div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> Social Security Number Date of Birth </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> Address City State Zip </div>
<input type="checkbox"/> Beneficiary (with insurable interest) (Documentation to support insurable interest required; please include with this form.)	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 2px;">Name (Last, First, MI)</div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> Social Security Number Date of Birth </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> Address City State Zip </div>

Employee/Participant Signature (notarization required)

I hereby elect my beneficiary as stated on the front of the form. I understand that I can change the beneficiary prior to retirement. Should I die prior to retirement; the beneficiary on file with HRS will be irrevocable. I attest that all statements on this form are true and correct. This beneficiary designation must be made and received by the WSU HRS Office in order to be in effect. Must sign form in the presence of a notary.

Please check one:

I am married or in a State Registered Domestic Partnership and Spousal/Domestic Partnership Consent is provided.

I attest that I am not legally married or in a State Registered Domestic Partnership.

Employee/Participant's Signature

Date

Print Name

State of _____
County of _____

Signed and attested before me this _____ Day of _____ , _____
(Month) (Year)

Signature _____

Print Name and Title: _____

NOTARY SEAL
Ink Stamp Preferred

My Appointment Expires: _____

Spouse/Domestic Partner's Declaration of Consent (notarization required)

If I am naming someone other than my spouse or state registered domestic partner, the following must be completed, signed by the spouse/state registered domestic partner and notarized. Must sign form in the presence of a notary.

I, _____, being the spouse/state registered domestic partner of _____, do hereby acknowledge that I am aware of the election above and its effect on me. I consent to the choice made by my spouse/registered domestic partner indicated on this form.

Employee/Participant's Signature

Date

Print Name

State of _____
County of _____

Signed and attested before me this _____ Day of _____ , _____
(Month) (Year)

Signature _____

Print Name and Title: _____

NOTARY SEAL
Ink Stamp Preferred

My Appointment Expires: _____

**The designated beneficiary shall be the surviving spouse or state registered domestic partner of the participant (if any); or with the written consent of the spouse/domestic partner (if any) such other person or persons who have an insurable interest in the participant's life as documented and filed by the participant with the WSU HRS Office.*