

DESIGNATION OF BENEFICIARY

EMPLOYEES

UBEN 116 (3/04) University of California Human Resources and Benefits

**THIS FORM IS FOR USE BY EMPLOYEES ONLY.
(Retirees, former employees and others must use form
UBEN 117 to name retirement/savings plan beneficiaries.)**

- You can name or change your beneficiary(ies) online on the UC HR/Benefits website (<http://atyourservice.ucop.edu>); select “Your Benefits Online” on the right side of the home page.
- If you do not name a beneficiary, payment will be made automatically in the order shown at the bottom of the right hand column.

GENERAL INFORMATION

Designation of a beneficiary may have significant tax and inheritance consequences for your estate and for the beneficiary. Consult your attorney or tax advisor for more information.

If you are married, your spouse may have a legal interest in this designation of beneficiary. A beneficiary designation may be subject to challenge if it will result in your spouse receiving less than his or her proportionate share of the benefit attributable to community property.

UCRS may modify a designation of beneficiary to comply with a qualified domestic relations order (QDRO).

Beneficiary designations are contractual in nature and generally avoid probate unless the estate is named as beneficiary. Consult your attorney for more information and advice.

USING THIS FORM

Use this form to name or change your beneficiary(ies) for death benefits from the UC-sponsored retirement/savings and insurance plans in which you are enrolled (other than 403(b) Fidelity and Calvert mutual fund accounts). Plans are listed on the form.

COMPLETING THIS FORM

If you have questions or need help, call your local Benefits Office.

General Instructions

Either type this form or complete it in ink. This is a legal document, so erasures or other corrections (including cross-outs) are not acceptable.

Except for trust agreements, attachments are not acceptable.

Plan Designation

Completing one form will designate your beneficiary(ies) for all plans in which you are enrolled. If you want to name different beneficiaries for different plans, you must complete a separate form for each plan. Be sure to write the name of the plan(s) to which each form applies in the space provided.

Personal Information

Provide all the information requested.

Primary/Secondary (Contingent) Beneficiary(ies)

If you need more than one page to name your beneficiaries, use multiple forms, marking them “Page 1 of 2,” “Page 2 of 2,” and so forth.

Your beneficiary(ies) may be any person(s) you want to name. “Person” includes any entity capable of taking and holding property.

If your beneficiary is a person, you must enter the person’s full name and date of birth. For example, enter “Mary Lou Smith” rather than “Mrs. John Smith.” If the beneficiary’s first name consists of initials only, enter “IO” (meaning “Initials Only”) in parentheses following the person’s name. You should also provide your beneficiary’s address and Social Security number.

If your beneficiary is a trust, you must enter the name of the trust. You should also provide the date of the trust and the trustee’s name, address, and Social Security number.

If your beneficiary is a charity or other entity, you must enter the name and address. You should also provide the charity’s/entity’s taxpayer identification number.

You may name as many beneficiaries as you like. If you name more than one, the benefit will be paid in equal shares unless you specify the share (%) each is to receive. If you specify shares, they must be whole percentages (for example, 50% rather than 50.5%), and total shares must add up to 100%. If any of your beneficiaries dies, that share will be divided proportionately among the remaining beneficiaries.

You may also designate secondary (contingent) beneficiaries to receive benefits if all primary beneficiaries are deceased.

You may name your estate as beneficiary and provide for payment in a will.

CHANGING YOUR BENEFICIARY

You may change your beneficiary at any time either online or by submitting a new form. Once UC HR/Benefits accepts the new designation, all previous designations are invalid. UC HR/Benefits will confirm the changes either by e-mail to your UC work address or by written notice to your home address.

Changes in your family situation—for example, marriage or divorce—do not automatically alter or revoke your existing beneficiary designations. **A beneficiary designation remains valid until you submit a new one.** You should review your beneficiary designations for your retirement and insurance plans whenever there is a change in your family situation.

You should also notify UC HR/Benefits (either online or by submitting a new form) if a beneficiary changes his or her address.

A will does not supersede a beneficiary designation.

IF YOU DO NOT NAME A BENEFICIARY

If you do not name a beneficiary for any or all of the UC-sponsored plans in which you are enrolled, benefits will be paid to your survivors as follows:

- Spouse or domestic partner or, if none,
- Child(ren) or, if none,
- Parents or, if none,
- Siblings or, if none,
- Your estate.

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EMPLOYEES

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Send completed form to:
UC HR/Benefits
Records Management
P.O. Box 24570
Oakland, CA 94623-1570

EMPLOYEES: Use this form to name your beneficiary(ies) for the UC plans listed below.

PLAN DESIGNATION

Unless you specify otherwise, the information you provide on this form will apply to all the plans listed below. Please note that the list includes all UC-sponsored plans that require beneficiary information and that you may not be enrolled in or eligible for all of them.

RETIREMENT & SAVINGS

- University of California Retirement Plan (UCRP/CAP)
- Tax-Deferred 403(b) Plan (not including Fidelity or Calvert mutual funds)
- Defined Contribution Plan Pretax and After-Tax accounts (including Fidelity mutual funds)

INSURANCE

- Basic/Core Life
- Senior Management Life
- Supplemental Life
- Accidental Death & Dismemberment (AD&D)
- Business Travel

I do not want the beneficiary designations on this form to apply to all my plans. The information on this form applies only to the following plans (please enter plan names as shown above): _____

PERSONAL INFORMATION (Please print.) Please provide all the information requested.

NAME (Last, First, Middle Initial)	SOCIAL SECURITY #	EMPLOYEE ID #	BIRTHDATE (MO/DY/YR)
MAILING ADDRESS (Number, Street, City, State, ZIP)		DAYTIME PHONE ()	CAMPUS/LAB LOCATION

PRIMARY BENEFICIARY(IES) (Please print.)

If you specify shares, the total must equal 100%.

NAME (Last, First, Middle Initial)	SHARE (%)	BIRTHDATE (MO/DY/YR)	RELATIONSHIP
ADDRESS (Number, Street, City, State, ZIP)			SOCIAL SECURITY # OR TAX ID #
NAME (Last, First, Middle Initial)	SHARE (%)	BIRTHDATE (MO/DY/YR)	RELATIONSHIP
ADDRESS (Number, Street, City, State, ZIP)			SOCIAL SECURITY # OR TAX ID #

SECONDARY (CONTINGENT) BENEFICIARY(IES) (Please print.)

If you specify shares, the total must equal 100%. Secondary beneficiaries are paid only if all primary beneficiaries are deceased.

NAME (Last, First, Middle Initial)	SHARE (%)	BIRTHDATE (MO/DY/YR)	RELATIONSHIP
MAILING ADDRESS (Number, Street, City, State, ZIP)			SOCIAL SECURITY # OR TAX ID #
NAME (Last, First, Middle Initial)	SHARE (%)	BIRTHDATE (MO/DY/YR)	RELATIONSHIP
MAILING ADDRESS (Number, Street, City, State, ZIP)			SOCIAL SECURITY # OR TAX ID #

REQUIRED SIGNATURE

I understand that:

- If I have named more than one beneficiary, benefits will be paid in equal shares unless I have specified otherwise.
- If all the beneficiaries listed above are deceased, benefits will be paid according to the provisions on the instruction sheet.
- This designation supersedes any previous designation.
- The University will require verification of death and identity of members and beneficiaries before paying benefits.
- Retirement plan assets and insurance benefits may be community property. If not named as my sole primary beneficiary, my spouse should participate in the decision to designate a beneficiary for the retirement and/or insurance plans.

SIGNATURE	DATE	E-MAIL ADDRESS
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WHITE: UC HR/BENEFITS
CANARY: EMPLOYEE

SEE REVERSE FOR PRIVACY NOTIFICATIONS

PRIVACY NOTIFICATIONS

STATE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves.

The principal purpose for requesting the information on this form is for payment of earnings and for miscellaneous payroll and personnel matters such as, but not limited to, withholding taxes, benefits administration, and changes in title and pay status. University policy and state and federal statutes authorize the maintenance of this information.

Furnishing all information requested on this form is mandatory—failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be used by various University departments for payroll and personnel administration, and will be transmitted to the federal and state governments as required by law. (B)

Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President Staff and Academic Personnel Offices.

The official responsible for maintaining the information contained on this form is the Assistant Vice President—University of California Human Resources and Benefits, 1111 Franklin Street, Oakland, CA 94607-5200.

FEDERAL

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security number is mandatory. Disclosure of the Social Security number is required pursuant to sections 6011 and 6051 of Subtitle F of the Internal Revenue Code and with Regulation 4, Section 404.1256, Code of Federal Regulations under Section 218, Title II of the Social Security Act, as amended. The Social Security number is used to verify your identity. The principal uses of the number shall be to report (1) state and federal income taxes withheld, (2) Social Security contributions, (3) state unemployment and Workers' Compensation earnings, (4) earnings and contributions to participating retirement systems, and (5) as an identifier for your insurance carrier to verify your eligibility and to maintain claim records for you and your eligible family members. (AA)