

DESIGNATION OF BENEFICIARY—RETIREES, FORMER EMPLOYEES AND OTHERS

University of California Retirement Plan (UCRP) and Capital Accumulation Provision (CAP)

UBEN 117 (5/05) University of California Human Resources and Benefits

THIS FORM IS FOR USE ONLY BY RETIREEES, FORMER EMPLOYEES AND CERTAIN OTHERS.

Note: To designate a beneficiary for the Retirement Savings Program plans (Defined Contribution, 403(b), and 457(b) plans), call Fidelity Investments Tax-Exempt Services Company (FITSCo) at 1-866-682-7787 or visit their website (www.fidelity.com/atwork).

- **Use this form to name or change your beneficiary(ies) for lump sum death benefits from the University of California Retirement Plan (UCRP) and Capital Accumulation Provision (CAP).**
- **RETIREEES AND FORMER EMPLOYEES—You can name or change your beneficiary(ies) on the UC HR/Benefits website (<http://atyourservice.ucop.edu>). To view your beneficiaries, select “Your Benefits Online” on the right side of the home page and to follow the instructions for “Your Beneficiaries.”**
- **OTHERS—If you have a Qualified Domestic Relations Order (QDRO) account with UCRP/CAP, you must use this form to name or change your beneficiary(ies) for your UCRP/CAP accounts. For all other Retirement Savings Program Plans, contact FITSCo.**
- **If you do not name a beneficiary, payment will be made automatically in the order shown at the bottom of the right of this page.**

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.

UC HR/Benefits may modify a designation of beneficiary to comply with a qualified domestic relations order.

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

COMPLETING THIS FORM

If you have questions or need help, call the UC Customer Service Center (1-800-888-8267).

General Instructions

This is a legal document, so erasures or other corrections (including cross-outs) are not acceptable.

Except for trust agreements, attachments are not acceptable.

Personal Information

Provide all the information requested.

Primary/Secondary 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 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 (see shaded box at left) or by submitting a new form. Once UC HR/Benefits accepts the new designation, all previous designations become invalid. UC HR/Benefits will confirm the changes by sending a 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 plan whenever there is a change in your family situation.

You should also update your beneficiaries (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 the UCRP/CAP plans in which you have money, benefits will be paid to your survivors as follows:

- Legal spouse or domestic partner or, if none,
- Natural or adopted children*, or if none,
- Parents or, if none,
- Siblings or, if none,
- Your estate.

* *Children of a deceased child share their parent’s benefits*

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

RETIREEES and FORMER EMPLOYEES: You can use this form to name or change your beneficiary(ies) for UCRP/CAP lump sum death benefits.

OTHERS: If you have a QDRO account with UCRP/CAP, you must use this form to name or change your UCRP/CAP beneficiary(ies). Please type or print clearly.

PERSONAL INFORMATION All sections must be filled in to be processed.		
NAME (Last, First, Middle Initial)	SOCIAL SECURITY #	BIRTHDATE (MO/DY/YR)
MAILING ADDRESS (Number, Street, City, State, ZIP)	DAYTIME PHONE ()	

PRIMARY BENEFICIARY(IES)			
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 BENEFICIARY(IES)			
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:	
<ul style="list-style-type: none"> • 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

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 information on this form, including your Social Security number, is to verify your identity, and/or for benefits administration, and/or for federal and state income tax reporting. 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 transmitted to the federal and state governments when required by law.

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 Associate 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. The University's record keeping system was established prior to January 1, 1975 under the authority of The Regents of the University of California under Article 1X, Section 9 of the California Constitution. The principal uses of your Social Security number shall be for state tax and federal income tax (under Internal Revenue Code sections 6011.6051 and 6059) reporting, and/or for benefits administration, and/or to verify your identity.