401(k) Plan Beneficiary Designation Form

COLORADO PERA 401(k) Plan

ING
Attn: Colorado PERA 401(k) Plan
PO Box 23219
Jacksonville, FL 32241-3219
Fax: 1-888-310-6019

Member SSN ☐☐☐ - ☐☐ - ☐☐☐☐

Participant Information

Participant Name _____ Date of Birth _____
Last First M.I.

Mailing Address _____
Street, Route, or Box Number City State ZIP Code

Home Telephone Number ( ) _____

Employer Name _____

Employer Mailing Address _____
Street, Route, or Box Number City State ZIP Code

Work Telephone Number ( ) _____

Beneficiary Information

Your designation can only be changed by you. Your divorce, annulment or any dissolution or declaration of invalidity of your marriage SHALL NOT revoke the beneficiary named below as your designated beneficiary unless you revoke the designation by submitting a new form. Colorado Revised Statute § 15-11-804 does not act to revoke a spouse's designation as a beneficiary.

To change your existing beneficiary information, please fill in the name and relationship of the individuals you would like to designate as your future beneficiaries. A primary beneficiary is the person who is your first choice to receive your 401(k) Plan benefits if you should die. A contingent beneficiary is the person who would receive your 401(k) Plan benefits if your primary beneficiary should die prior to your death. You may name one or more primary and contingent beneficiaries. Your contingent beneficiaries will not receive benefits unless all of your primary beneficiaries predecease you.

Name of Primary Beneficiary	Relationship	Social Security Number	Date of Birth	% Payable
				(Total=100%)

Name of Contingent Beneficiary	Relationship	Social Security Number	Date of Birth	% Payable
				(Total=100%)

Authorization

The execution of this form and delivery thereof to ING for the Colorado PERA 401(k) Plan revokes all prior designations that I have made.

Signature of Participant _____ Date _____

Please return your completed form to: ING
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