

**County of Ventura
Safe Harbor Retirement Plan**

BENEFICIARY DESIGNATION FORM

Section 1 – Participant Information

Employee ID #	Participant Name (Last, First, M.I.)	Social Security Number		
Home Address		City	State	Zip Code
Home Phone	Work Phone	Date of Birth		

Section 2 – Beneficiary Designations

Primary Beneficiary Designation

I hereby designate that upon my death, the following person(s) shall receive the indicated percentage of the amount payable from the County of Ventura's Safe Harbor Retirement Plan. (Please be sure your allocated percentages total 100%.) *If you are married, or a registered domestic partner, and designate anyone other than your spouse, or domestic partner, as sole primary beneficiary, you must obtain your spouse's, or domestic partner's signature, witnessed by a Notary Public, on the back of this form. Unless otherwise specified, primary beneficiaries share equally.*

Note: If a trust is named, please include the date of the trust:

Beneficiary Name	Relationship	Percentage	Social Security No.		Birth Date
Home Address	City	State	Zip Code	Home Phone	Trust date (If applicable)

Beneficiary Name	Relationship	Percentage	Social Security No.		Birth Date
Home Address	City	State	Zip Code	Home Phone	Trust date (If applicable)

Beneficiary Name	Relationship	Percentage	Social Security No.		Birth Date
Home Address	City	State	Zip Code	Home Phone	Trust date (If applicable)

Contingent Beneficiary Designation

If no named primary beneficiary survives me, I designate the following contingent beneficiaries and the percentage each is to receive. Unless otherwise specified, contingent beneficiaries share equally.

Beneficiary Name	Relationship	Percentage	Social Security No.		Birth Date
Home Address	City	State	Zip Code	Home Phone	Work Phone

Beneficiary Name	Relationship	Percentage	Social Security No.		Birth Date
Home Address	City	State	Zip Code	Home Phone	Work Phone

Beneficiary Name	Relationship	Percentage	Social Security No.		Birth Date
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Home Address	City	State	Zip Code	Home Phone	Work Phone
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Section 3 – Participant and Spouse/Domestic Partner Signature and Date

I hereby acknowledge that this beneficiary designation replaces all previous Safe Harbor Retirement Plan Beneficiary designations that I have made.

Participant's Signature

Date

Spousal/ Domestic Partner Consent

I understand that my spouse, or registered domestic partner, is designating a distribution, after his or her death, that does not provide me with a 100% distribution of his or her benefits under the County of Ventura's Safe Harbor Retirement Plan. By signing below, in the presence of a notary, I indicate my consent to this designation. I also understand my spouse cannot change this beneficiary designation without my consent.

Spouse/Domestic Partner Signature

Date

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____

County of _____

On _____ before me, _____
Date *Name and Title of Officer (i.e., Your Name, Notary Public)*

personally appeared _____
Name(s) of Document Signer(s)

who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signatures on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and Correct.

WITNESS my hand and official seal.

Signature of Notary
(Affix seal in the above blank space)

Please return form to: Human Resources – Safe Harbor Retirement Plan
800 South Victoria Avenue #1970
Ventura, CA. 93009-1970