

SURS Deferred Compensation Plan BENEFICIARY DESIGNATION FORM

PERSONAL INFORMATION (please print clearly using black or blue ink)

NAME: _____ **SOCIAL SECURITY NUMBER:** _____
ADDRESS: _____ **APT:** _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____
DAY PHONE: _____ **EVENING PHONE:** _____
EMAIL: _____ **DATE OF BIRTH:** ____/____/____

INSTRUCTIONS

1. If you are single, or if married and naming your spouse as your sole primary beneficiary, you can make or change your beneficiary designations by going online at SURS.org or speaking with a Customer Service Associate at 1-800-613-9543 (TTY/TTD users call 1-800-579-5708).
2. You may also access the Savings Web Tool under Personal Information to elect your beneficiary(ies).
3. If you designate a trust as a beneficiary, please include the trust name and trust date.
4. If you list more than one beneficiary, the total of all Primary and/or Contingent Beneficiaries must be in whole increments and equal 100%. If you need to add additional names, please use a separate piece of paper clearly labeling Primary or Contingent Beneficiaries.
5. If your Primary Beneficiary(ies) die(s) before you, then Plan benefits will be distributed to Contingent Beneficiary(ies).
6. **Once your application is complete, please mail or fax the application and any additional documents to:** Voya Financial, Attn: SURS Deferred Compensation Plan, 1-844-449-2548 OR **VIA MAIL**, Voya Financial, Attn: SURS Deferred Compensation Plan, P.O. Box 389, Hartford, CT 06141.

PRIMARY BENEFICIARY(IES)

Full Name and Address	Social Security Number	Date of Birth	Relationship to You	Percent of Benefit* (Whole % only, must total 100%)
1 _____ _____ _____	_____	____/____/____ M M D D Y Y Y Y		___ __.00%
2 _____ _____ _____	_____	____/____/____ M M D D Y Y Y Y		___ __.00%
3 _____ _____ _____	_____	____/____/____ M M D D Y Y Y Y		___ __.00%
4 _____ _____ _____	_____	____/____/____ M M D D Y Y Y Y		___ __.00%
*A Percent of Benefit must be provided for each Primary Beneficiary, even if only a single beneficiary is listed. The percent assigned to each Primary Beneficiary must be in whole increments and must total to 100%. Both of these requirements must be met in order for this form to be accepted and processed.				100%

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CONTINGENT BENEFICIARY(IES)				
Full Name and Address	Social Security Number	Date of Birth	Relationship to You	Percent of Benefit* (Whole % only, must total 100%)
1 _____ _____ _____	_____	___ / ___ / ___ MM DD YYYY		___ ___ .00%
2 _____ _____ _____	_____	___ / ___ / ___ MM DD YYYY		___ ___ .00%
3 _____ _____ _____	_____	___ / ___ / ___ MM DD YYYY		___ ___ .00%
4 _____ _____ _____	_____	___ / ___ / ___ MM DD YYYY		___ ___ .00%
*A Percent of Benefit must be provided for each Contingent Beneficiary, even if only a single beneficiary is listed. The percent assigned to each Contingent Beneficiary must be in whole increments and must total to 100%. Both of these requirements must be met in order for this form to be accepted and processed.				100%

AUTHORIZATION
<p>I understand that I may revoke or change this designation at any time by filing a new designation of beneficiary in writing with the SURS Deferred Compensation Plan and that by doing so, I revoke all prior designations.</p> <p>I understand that if none of the above-named beneficiary(ies) survive me, all benefits under the Plan will be distributed according to the provisions stated in the official plan document.</p> <p><i>I hereby certify that the information I furnished herein is true, accurate and complete.</i></p> <p>PARTICIPANT SIGNATURE _____ DATE _____</p>

CHECKLIST

PLEASE REVIEW YOUR APPLICATION CAREFULLY.

- Read the required instructions.
- Provided complete personal information including name and Social Security number.
- Provided your Primary Beneficiary(ies). Make sure you have completed all the sections and that your percentages of benefit total 100%.
- Completed the Contingent Beneficiaries section (only if you want to have contingent beneficiaries). The total percent equals 100% of benefit.
- Listed the name, address, Social Security number, birth date and relationship of all Beneficiaries.
- Signed and dated your Beneficiary Designation (Authorized Signature).
- Made a copy for your records and send the original to SURS Deferred Compensation Plan.

You will receive a confirmation statement on your beneficiary elections. If you have any questions or need to obtain additional plan or account information, please go online at SURS.org or call the SURS Deferred Compensation Plan Service Center at 1-800-613-9543 (TTY/TTD users call 1-800-579-5708). Customer Service Associates are available Monday through Friday, 7:00 A.M. to 7:00 P.M. Central Time (excluding stock market holidays).

If your application is complete, please mail or fax the application and any additional documents to:

Voya Financial
Attn: SURS Deferred Compensation Plan
1-844-449-2548

VIA MAIL

Voya Financial
Attn: SURS Deferred Compensation Plan
P.O. Box 389
Hartford, CT 06141

VIA OVERNIGHT DELIVERY

Voya Financial
Attn: SURS Deferred Compensation Plan
One Orange Way
Windsor, CT 06095