



Beneficiary Designation Governmental 457(b) Plan

Wyoming Retirement System 457 Deferred Compensation Plan State Government Employee 93001-01 Other Government Employee 93001-02

For My Information

- For questions regarding this form, visit the website at www.wrsdcp.com or contact Wyoming Retirement System at 1-800-989-9324 at 1-800-701-8255. Use black or blue ink when completing this form.

A Participant Information

Account extension, if applicable, identifies funds transferred to a beneficiary due to participant's death, alternate payee due to divorce or a participant with multiple accounts.

Account Extension

Social Security Number (Must provide all 9 digits)

Last Name, First Name, M.I., Date of Birth, Daytime Phone Number, Email Address, Alternate Phone Number, Married, Unmarried

B Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)

Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)

- See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.

% of Account Balance, Primary Beneficiary Name, Street Address, City, State, Zip Code, Relationship, Phone Number (Optional), checkboxes for Spouse, Child, Parent, Grandchild, Sibling, My Estate, A Trust, Other, Domestic Partner

% of Account Balance, Primary Beneficiary Name, Street Address, City, State, Zip Code, Relationship, Phone Number (Optional), checkboxes for Spouse, Child, Parent, Grandchild, Sibling, My Estate, A Trust, Other, Domestic Partner

% of Account Balance, Primary Beneficiary Name, Street Address, City, State, Zip Code, Relationship, Phone Number (Optional), checkboxes for Spouse, Child, Parent, Grandchild, Sibling, My Estate, A Trust, Other, Domestic Partner

Contingent Beneficiary Designation (Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)

% of Account Balance, Contingent Beneficiary Name, Street Address, City, State, Zip Code, Relationship, Phone Number (Optional), checkboxes for Spouse, Child, Parent, Grandchild, Sibling, My Estate, A Trust, Other, Domestic Partner

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EXAMPLE BENEFICIARY DESIGNATIONS

Example 1: Multiple Individuals as Beneficiaries

B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i>			
Primary Beneficiary Designation <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>			
• See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.			
33.33 %	John M. Doe		
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>		
111 Elm Street	Anytown	MO	60000
Street Address	City	State	Zip Code
(XXX) XXX-XXXX	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
Phone Number <i>(Optional)</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input checked="" type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		
33.33 %	Don M. Doe		
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>		
222 North Avenue	Anytown	CA	90000
Street Address	City	State	Zip Code
(XXX) XXX-XXXX	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
Phone Number <i>(Optional)</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input checked="" type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		
33.34 %	Michelle L. Doe		
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>		
333 West Blvd	Anytown	CO	80000
Street Address	City	State	Zip Code
(XXX) XXX-XXXX	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
Phone Number <i>(Optional)</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input checked="" type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

Example 2: Trust as Beneficiary

B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i>			
Primary Beneficiary Designation <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>			
• See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.			
100 %	Trust of Jane Doe		
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>		
150 Main Street	Anytown	MO	60000
Street Address	City	State	Zip Code
(XXX) XXX-XXXX	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
Phone Number <i>(Optional)</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input checked="" type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

Example 3: Estate as Beneficiary

B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i>			
Primary Beneficiary Designation <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>			
• See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.			
100 %	Estate of Anne Doe		
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>		
45 East Road	Anytown	MO	60000
Street Address	City	State	Zip Code
(XXX) XXX-XXXX	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
Phone Number <i>(Optional)</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input checked="" type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

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EXAMPLE BENEFICIARY DESIGNATIONS**

Example 4: Charity as Beneficiary

B	Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i>			
Primary Beneficiary Designation <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>				
<ul style="list-style-type: none"> • See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate. 				
100	%	ABC Charity		
% of Account Balance		Primary Beneficiary		
		<i>(Name of Individual, Trust, Charity, etc.)</i>		
75 South Place		Anytown	CO	80000
Street Address		City	State	Zip Code
(XXX) XXX-XXXX		<i>Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
Phone Number <i>(Optional)</i>		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input checked="" type="checkbox"/> Other		
		<input type="checkbox"/> Domestic Partner		