



DPMA Beneficiary Designation Form

Name: _____ Employee Number: _____

Address: _____

Telephone Number: (____) _____ Email: _____

Upon receipt of proof of death, the net sum due shall be payable to the living beneficiary(ies) in the order designated below.

Primary Beneficiary(ies)	Percentage
Name: _____ DOB: _____ Address: _____ Telephone Number: (____) _____ Relationship to You: _____	Total must equal 100%
Name: _____ DOB: _____ Address: _____ Telephone Number: (____) _____ Relationship to You: _____	

Contingent Beneficiary(ies)	Percentage
Name: _____ DOB: _____ Address: _____ Telephone Number: (____) _____ Relationship to You: _____	Total must equal 100%
Name: _____ DOB: _____ Address: _____ Telephone Number: (____) _____ Relationship to You: _____	
Name: _____ DOB: _____ Address: _____ Telephone Number: (____) _____ Relationship to You: _____	

Community Property State Consent for residents of AZ, CA, ID, LA, NV, NM, TX, WA, or WI. If you are married, live in a community property state, and name someone other than your spouse as beneficiary, you may have your spouse sign below to waive his or her rights to any community property interest in the benefit.

As the member's spouse, I do hereby consent to the beneficiary designation(s) indicated on this form and waive any rights that I may have to the proceeds of such benefit under applicable community property laws.

Signature of Spouse

Date

Note: Under the terms of the Plan, a Member's designation of his or her spouse as beneficiary is automatically revoked upon legal divorce. If you want your former spouse to remain as your beneficiary after a divorce, you must complete and submit this form again after the divorce is final.

Signature of Employee

Date