Government of the District of Columbia Office of Human Resources

Defined Contribution Pension Plan

Designation of Beneficiary Form

PART I- PARTICIPANT

Name (Last, First, Middle)	Marital Status Married Separated Single Divorced	Date of Birth (Month, Day, Year)	Social Security Number

Place an "X" in the appropriate box below

	New Employee Enrollment		Retiree or appointment	Date of Hire_____	First DC Appt? Yes No(If no, please explain below any appointments before 10/01/87)
	Active Employee/Change		Receiving or an applicant to receive Disability Compensation	DC RBCD_____ To be completed by agency	
	A Separate Employee/change		Change (other)		

PART II- BENEFICIARY DESIGNATION

I, the individual identified above, cancelling any and all previous designations of Beneficiary under the District of Columbia Defined Contribution Pension Plan heretofore made by me do now designate the beneficiary or beneficiaries named below to receive any pension funds due and payable at my death.

I understand that this designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing. If this designation form is determined invalid for any reason, the next prior valid designation form will be given full force and effect. If no such prior form exists, the proceeds will be distributed according to the requirements of any qualified domestic relations court order or the Order of Precedence.

Type or Print Name	Address (including Zip Code)	Relationship	Percentage Payable	
1. Social Security No. (If available) Birth date (If available)				%
2. Social Security No. (If available) Birth date (If available)				%
3. Social Security No. (If available) Birth date (If available)				%

PART III- SPOUSAL CONSENT

I am the Spouse of the above named Participant and understand that if I survive the Participant and was legally married to the Participant at the time of the participant's death, I will be entitled to a benefit in the participant's vested interest under the above named plan according to the intestate laws of the District of Columbia, D.C. Official Code 19-301 et seq. I further understand that I may waive all or a portion of this benefit by voluntarily signing the Consent to the participant's Beneficiary Designation IN THE PRESENCE OF A NOTARY PUBLIC. I have not been subject to coercion, duress or unique influence in this connection and hereby voluntarily consent to the above designation of beneficiaries and waive any in all claims to benefits as spouse of the participant, except as set forth on said designation, so long as it remains in force.

This Spousal Consent is given the _____ day of_____ 20_____

SPOUSES NAME (print or type)_____   SPOUSES SIGNATURE _____

NOTARY PUBLIC

CITY/STATE_____

On_____, before me, the undersigned, a Notary Public in and for said State, personally appeared

_____ personally known to me or proved to me to be the person who's name is subscribed to the within instrument and acknowledged that _____ executed the same.

WITNESS my hand and official seal._____

PART IV- SIGNATURE

Date of Execution (Month, Day, Year)	Signature of Participant

Please check to ensure all statements below are true:

I have signed this form in the presence of two witnesses who have signed below.

Neither witness is named as a beneficiary

If I designated shares to be paid to more than one beneficiary, the shares add up to 100% (Dollar amounts are not acceptable.)

WITNESSES TO SIGNATURE (A witness is ineligible to receive payment as a beneficiary):

Signature of Witness	Number and Street	City, State and Zip Code
Signature of Witness	Number and Street	City, State and Zip Code

Department of Human Resources	Date Of Receipt	Agency Representative and Title	Phone Number

Please return your completed form to:

DC 401(a) Retirement Plan
Department of Human Resources
441 4th Street, NW, Room 340 North
Washington, DC 20001