



STATE OF NEW MEXICO DEFERRED COMPENSATION PLAN NAME/ADDRESS/BENEFICIARY UPDATE FORM

Participant Information:

Last Name First Name MI Social Security Number

Street Address City State Zip Code

Home Phone Number with Area Code E-mail Address

Change of Title: Beneficiary Change Address Change Name Change (proof of name change must be attached i.e. copy of driver's license or Social Security Card, or payroll stub.)

Beneficiary Designation: Indicate the names of the beneficiaries, the split you'd like each one of them to receive, your relationship to the beneficiaries, their Social Security numbers and their dates of birth. *If you do not indicate the percentage, payments will be distributed in substantially equal shares.*

Primary Beneficiary(ies) Designation: I hereby designate the following Primary Beneficiary(ies) to receive in the event of my death, the benefits, if any, then payable under the Plan.

PLEASE PRINT:	BENEFICIARY NAME(S)	SPLIT %	RELATIONSHIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH
Primary	_____	_____	_____	_____	_____
Primary	_____	_____	_____	_____	_____
Primary	_____	_____	_____	_____	_____

Contingent Beneficiary(ies) Designation: In the event all Primary Beneficiary(ies) designated above predecease(s) me, I hereby designate the following Contingent Beneficiary(ies) to receive the benefits, if any, payable under the Plan.

PLEASE PRINT:	BENEFICIARY NAME(S)	SPLIT %	RELATIONSHIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH
Contingent	_____	_____	_____	_____	_____
Contingent	_____	_____	_____	_____	_____
Contingent	_____	_____	_____	_____	_____

Attach a separate sheet if you have more than three primary or contingent beneficiaries. Check box if a separate sheet is attached.

Authorization: This designation supersedes any prior beneficiary designation and shall become effective on the date accepted by the Plan, provided that this designation is accepted by the Plan prior to my death. Any benefits payable at my death shall be paid in substantially equal shares unless otherwise specified. My death benefits will be paid first to my Primary Beneficiaries. If some of my Primary Beneficiaries predecease me, then my death benefit will be paid to the remaining Primary Beneficiaries. Contingent Beneficiaries will only receive benefits if no Primary Beneficiary survives me. If no beneficiary designation is on file, benefits will be paid as set forth in the Plan Document.

WITNESS

Signature of Participant Date Witness Signature Date
(Witness can not be a named beneficiary)

Witness Name (Please print) _____

Witness Address _____
Street City State Zip

Upon completion of this form, please return it to:

Nationwide Retirement Solutions
3600 Rodeo Lane
Suite B1
Santa Fe, NM 87507

MODEL BENEFICIARY DESIGNATIONS

Please use the following designations as a guide when completing this form

		<u>NAME</u>	<u>SPLIT %</u>	<u>RELATIONSHIP</u>	<u>SSN</u>	<u>DATE OF BIRTH</u>
1.	Primary:	Joan Nation	100%	spouse	123-45-6789	01/02/1962
2.	Primary:	Joan Nation	100%	spouse	123-45-6789	01/02/1962
	Contingent:	Henry Nation	100%	son	987-65-4321	06/26/1984
3.	Primary:	Joan Nation	100%	spouse	123-45-6789	01/02/1962
	Contingent:	Henry Nation	50%	son	987-65-4321	06/26/1984
	Contingent:	Betty Nation	50%	daughter	305-24-9731	02/12/1980
4.	Primary:	Henry Nation	50%	son	987-65-4321	06/26/1984
	Primary:	Betty Nation	50%	daughter	305-24-9731	02/12/1980
5.	Primary:	Henry Nation	34%	son	987-65-4321	06/26/1984
	Primary:	Betty Nation	33%	daughter	305-24-9731	02/12/1980
	Primary:	John Nation	33%	son	876-91-3416	09/31/1986
6.	Primary:	Sara Nation	60%	mother	811-61-1781	10/14/1950
	Primary:	George Nation	40%	father	916-18-1781	12/30/1945
	Contingent:	Jean Nation	100%	sister	913-19-3319	03/29/1971
7.	Primary:	My Estate				
8.	First National Bank of Canton, Ohio, as Trustee under Trust Agreement with Robert E. Nation dated January 1, 2002. (Attach a copy of the title and signature page of the Trust).					

*Generic beneficiary designations **will not** be accepted. Examples of generic designations include:*

1. My spouse, parent(s), sister(s), brother(s), son(s), daughter(s).
2. My children.
3. Children of this marriage or any past marriage.
4. As designated in my will.