



**Beneficiary Designation**  
**457(b) / 401(a) Plan**

**Commonwealth of Virginia 457 Deferred Compensation Plan** **650271**

**Virginia Cash Match Plan** **650272**

**NOTE: Beneficiary information can also be added, changed and deleted by accessing your account online at [www.varetire.org](http://www.varetire.org) or contacting a Customer Service Representative at 1-VRS-DC-PLAN1 (1-877-327-5261).**

**Participant Information** – Provide Name/Social Security Number as it currently appears on your account.

Last Name	First Name	MI	Social Security Number
E-Mail Address			<input type="checkbox"/> Married <input type="checkbox"/> Unmarried

**This designation supercedes all prior designations. Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally. Primary and contingent beneficiaries must separately total 100.00%. The number of primary or contingent beneficiaries you may name is not limited. Attach an additional sheet if necessary.**

**650271, Commonwealth of Virginia 457 Deferred Compensation Plan** **457(b)**

**Primary Beneficiary**

#1	. _____ % of Account Balance	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth
#2	. _____ % of Account Balance	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth
#3	. _____ % of Account Balance	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth

**Contingent Beneficiary**

#1	. _____ % of Account Balance	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth
#2	. _____ % of Account Balance	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth
#3	. _____ % of Account Balance	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth

**650272, Virginia Cash Match Plan** **401(a)**

**Primary Beneficiary**

#1	. _____ % of Account Balance	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth
#2	. _____ % of Account Balance	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth
#3	. _____ % of Account Balance	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth

**Contingent Beneficiary**

#1	. _____ % of Account Balance	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth
#2	. _____ % of Account Balance	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth
#3	. _____ % of Account Balance	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth

---

Last Name

First Name

MI

Social Security Number

---

### Plan Beneficiary Designation

This designation is effective when signed, dated and received by ING ("Service Provider") at the address below prior to the death of the participant. If I name more than one beneficiary in either category, the surviving beneficiaries in that category will share equally unless otherwise indicated. I have the right to change the beneficiary. If any information is missing, additional information may be required prior to recording my beneficiary designation. If my primary and contingent beneficiaries predecease me or I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan Document as follows: unless otherwise directed on the Beneficiary Designation form, the beneficiary designation shall be deemed to be my surviving spouse, or if none, my children and descendants of my deceased children, per stirpes, or if none, my parents equally if both living, or if none, the duly appointed executor or administrator of my estate, or if none, the next of kin entitled to inherit under the laws of my domicile at the time of my death, as determined by the Plan Administrator.

---

### Required Signature

I have completed, understand and agree to all pages of this Beneficiary Designation form. I understand that the Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, the Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at: <http://www.ustreas.gov/offices/eotffc/ofac>.

---

Participant Signature

---

Date

### Send Original to the Service Provider at:

ING Plan Administration  
Attn: Virginia Retirement Systems  
P.O. Box 56588  
Jacksonville, FL 32241-6588

**Phone #:** 1-VRS-DC-PLAN1 (1-877-327-5261)

**Fax #:** 1-888-998-8954

**Web site:** [www.varetire.org](http://www.varetire.org)