



## BENEFICIARY CHANGE 457/401(a) PLANS

PLAN NAME	PLAN NUMBER/TYPE
SOONERSAVE DEFERRED COMPENSATION PLAN 457	98988-01 457
SOONERSAVE SAVINGS INCENTIVE PLAN 401(a)	98988-02 401(a)

### PARTICIPANT INFORMATION

_____ Last Name / First Name MI		_____ Social Security Number
_____ Address – Number & Street		_____ Account Extension (if applicable) Account Extension identifies funds that were transferred to you through a death.
_____ City	_____ State Zip Code	
_____ E-Mail Address (optional)		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Married <input type="checkbox"/> Unmarried

### PLEASE COMPLETE THE ENTIRE FORM

Please read the Required Signature section on the last page before providing your beneficiary election.

#### 457 PLAN BENEFICIARY DESIGNATION

The designations made on this form will supercede and revoke all prior beneficiary designations. If this section is left blank, the designation will default to the provisions of the Plan Document.

#### Primary Beneficiary

#1	_____ % of Account Balance	_____ Social Security Number	_____ Primary Beneficiary Name	_____ Relationship	_____ Date of Birth
	_____ Address		_____ City	_____ State	_____ Zip Code
#2	_____ % of Account Balance	_____ Social Security Number	_____ Primary Beneficiary Name	_____ Relationship	_____ Date of Birth
	_____ Address		_____ City	_____ State	_____ Zip Code
#3	_____ % of Account Balance	_____ Social Security Number	_____ Primary Beneficiary Name	_____ Relationship	_____ Date of Birth
	_____ Address		_____ City	_____ State	_____ Zip Code

#### Contingent Beneficiary

#1	_____ % of Account Balance	_____ Social Security Number	_____ Contingent Beneficiary Name	_____ Relationship	_____ Date of Birth
	_____ Address		_____ City	_____ State	_____ Zip Code
#2	_____ % of Account Balance	_____ Social Security Number	_____ Contingent Beneficiary Name	_____ Relationship	_____ Date of Birth
	_____ Address		_____ City	_____ State	_____ Zip Code
#3	_____ % of Account Balance	_____ Social Security Number	_____ Contingent Beneficiary Name	_____ Relationship	_____ Date of Birth
	_____ Address		_____ City	_____ State	_____ Zip Code

The account balance percentage can be divided up to two decimal points (Example: 33.33%). Primary & Contingent beneficiary(s) must separately total 100.00%.

### PLEASE COMPLETE THE ENTIRE FORM



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**401(a) PLAN BENEFICIARY DESIGNATION**

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The designations made on this form will supercede and revoke all prior beneficiary designations. If this section is left blank, the beneficiary designation you specified for the 457 Plan will apply to the 401(a) Plan . In the event both the 457 and 401(a) beneficiary designation sections are left blank, both Plans will default to the provisions of the Plan document.

**Primary Beneficiary**

#1	% of Account Balance	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth
Address			City	State	Zip Code
#2	% of Account Balance	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth
Address			City	State	Zip Code
#3	% of Account Balance	Social Security Number	Primary Beneficiary Name	Relationship	Date of Birth
Address			City	State	Zip Code

**Contingent Beneficiary**

#1	% of Account Balance	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth
Address			City	State	Zip Code
#2	% of Account Balance	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth
Address			City	State	Zip Code
#3	% of Account Balance	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth
Address			City	State	Zip Code

The account balance percentage can be divided up to two decimal points (Example: 33.33%). Primary & Contingent beneficiary(s) must separately total 100.00%.

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**REQUIRED SIGNATURES**

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This designation supersedes all prior designations and is effective upon its execution and delivery to the SoonerSave office. If I name more than one beneficiary in either category, the surviving beneficiaries in that category will share equally unless otherwise indicated. The right to change the beneficiary is reserved to me. If any information is missing, additional information may be required. In the event both the 457 and 401(a) Beneficiary Designation sections are left blank, both Plans will default to the provisions of the Plan Document. If all of my primary and contingent beneficiaries predecease me and I fail to designate new beneficiaries, amounts will be paid pursuant to the terms of the Plan Document. (For more information, please contact your SoonerSave office.)

I also understand that if I designate more than two primary or contingent beneficiaries to share equally, it is possible that the percentage of the account balance could differ slightly on my confirmation statement. For example: If three beneficiaries are designated to share equally or percentages are not provided, the percentage of the account balance for each beneficiary would appear on the confirmation statement as follows:

Beneficiary A	33.33%
Beneficiary B	33.33%
Beneficiary C	33.34%
TOTAL	100.00%

However, if I request the beneficiaries to share equally or percentages are not provided, I understand any unpaid amounts upon my death will be divided equally.



Participant Signature

Date

**Participant** return to:  
SoonerSave Office  
**Mailing Address:**  
SoonerSave Administrator  
P.O. Box 53007  
Oklahoma City, OK 73152