State of Illinois
Department of Central Management Services

STATE EMPLOYEES' DEFERRED COMPENSATION PLAN
BENEFICIARY ELECTION FORM

Scan forms to: CMS.Ben.DefComp@illinois.gov
Fax: 217-782-7640 ~ Office: 217-782-7006

Last Name | First Name | M.I. | SSN | Payroll Code #

BENEFICIARIES (A beneficiary may be a person, trust, estate, or other legal entity). The percentages for both the Primary Beneficiaries and the Contingent Beneficiaries should each total 100%.

- Designate "P" or "C" for Primary or Contingent Beneficiary. List all Primary Beneficiaries first.

☐ P ☐ C
Last Name | First Name | M.I. | Relationship | Date of Birth | SSN
Street | City | State | Zip Code | Percent to Receive

☐ P ☐ C
Last Name | First Name | M.I. | Relationship | Date of Birth | SSN
Street | City | State | Zip Code | Percent to Receive

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READ THIS INFORMATION COMPLETELY BEFORE SIGNING

1. Participants may designate primary and contingent beneficiaries. Contingent beneficiaries become effective only after the death of all primary beneficiaries prior to the death of the participant. Once a primary beneficiary becomes entitled to the benefits, the contingent designation by the participant is no longer in effect.
2. If more than one beneficiary is named in either category, benefits will be paid according to the following rules:
   a. Beneficiaries can be designated to share equally or to receive specific percentages.
   b. If a beneficiary dies before the participant, the benefits will be paid only to the surviving beneficiaries. If more than two beneficiaries are originally named to receive different percentages of the benefits, surviving beneficiaries will share in the same proportion to each other as indicated in the original designation.
   (Example: Original designation is: John Doe, 10%; Mary Doe, 50%; and William Doe 40%. If Mary Doe dies before the participant, John Doe will be entitled to receive 20% of the benefits and William Doe, 80%.)
3. Beneficiary designations may be changed at any time by filing a new form with the department. The new designation will be effective when received by the department.
4. If a beneficiary has not been designated, or all designated beneficiaries have died prior to the participant's death, or the designation is ineffective for any reason, the estate of the participant will be the beneficiary.

I hereby elect my beneficiary(ies) as named above. This designation of beneficiaries supersedes all prior designations of beneficiaries I have made.

Signature X _____ Date _____

Send this completed form to your Agency Liaison - or send directly to the Department of Central Management Services at P.O. Box 19208, Springfield, IL 62794-9208.

In compliance with the State and Federal Constitution, the Illinois Human Rights Act, the Americans with Disabilities Act and Section 504 of the Federal Rehabilitation Act, the Department of Central Management Services does not discriminate in employment, contracts, or any other activity.

Central Management Services requests disclosure of information that is necessary to establish its obligations, primarily the statutory purposes under the State Employee Group Insurance Act (5 ILCS 375). Disclosure of the information requested on this form is mandatory, and failure to provide requested information may result in rejection of this form or delay in making a change of address. Social Security numbers are used in the application process to properly identify members and their dependents, if any. Confidentiality of Social Security numbers obtained through this change of address process will be preserved as prescribed by 5 ILCS 179 et seq.