



Oakland Unified School District

Supplemental Annuity Plan for Classified Employees

Beneficiary Election Form

Participant Name _____ SSN _____ DOB _____

Address _____

Below please indicate the person(s) you wish to name as beneficiary(ies) of any death benefits through the Plan.

Primary Beneficiary

If you would like to designate multiple Primary beneficiaries, please attach an additional paper with the information below for each beneficiary.

1. Primary Beneficiary _____ SSN _____ DOB _____

Address _____ Relationship _____

Percentage of benefit _____

2. Primary Beneficiary _____ SSN _____ DOB _____

Address _____ Relationship _____

Percentage of benefit _____

Contingent Beneficiary

Contingent beneficiary(ies) would receive benefits ONLY if there is no Primary beneficiary(ies) living at the time death benefits become payable. Please attach an additional paper with the information below for each beneficiary if needed.

1. Contingent Beneficiary _____ SSN _____ DOB _____

Address _____ Relationship _____

Percentage of benefit _____

2. Contingent Beneficiary _____ SSN _____ DOB _____

Address _____ Relationship _____

Percentage of benefit _____

I understand that this beneficiary designation cancels any previous designation I may have made and will be effective when received by the Fund Office and only if received prior to my death.

Participant Signature _____ Date _____



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Spousal Consent of Alternate Beneficiary Designation as noted above

I hereby consent to my spouse's designation of the Primary Beneficiary for death benefits payable through the Trust Fund. I completely understand that I will not be eligible for the receipt of the pension benefits payable on behalf of my spouse in the event of his or her death.

Spouse Name _____ SSN _____

Spouse Signature _____ Date _____

THIS SECTION TO BE COMPLETED BY NOTARY PUBLIC:

State of _____ County
of _____

On _____, before me, _____, personally
appeared _____ who proved
to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribe to the within
instrument and acknowledge to me that he/she/they executed the same in his/her/their authorized
capacity(ies, and that by his/her/their signature(s) on the instrument, the person(s) or the entity upon behalf
of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that
the foregoing paragraph is true and correct.

WITNESS my hand and official seal. _____
Signature of Notary

My Commission Expires: _____