

BENEFICIARY DESIGNATION FORM

EMPLOYEE CONTRIBUTIONS TO THE TRANSIT EMPLOYEES' RETIREMENT PLAN

Please use this form to file or update your beneficiary designation for the Transit Employees' Retirement Plan. Your beneficiary designation may be updated at any time by returning a new form.

Personal Information

NAME (LAST, FIRST, MIDDLE)		SSN
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE	ALTERNATE PHONE	
EMAIL ADDRESS		

Beneficiary Designation – Designate at least one primary beneficiary; do not designate yourself. If you make a mistake, initial next to your actual designation. If you select more than one primary beneficiary or more than one contingent beneficiary, the total percentage(s) for each type of beneficiary must add up to 100%. Use whole numbers (for example, 50% and 50%, or 66% and 34%).

PRIMARY PERCENTAGE TO RECEIVE: _____ %	NAME (LAST, FIRST, MIDDLE)		BENEFICIARY MAILING ADDRESS
	SSN	DATE OF BIRTH	
	RELATIONSHIP SPOUSE OTHER: _____		
PRIMARY CONTINGENT PERCENTAGE TO RECEIVE: _____ %	NAME (LAST, FIRST, MIDDLE)		BENEFICIARY MAILING ADDRESS
	SSN	DATE OF BIRTH	
	RELATIONSHIP SPOUSE OTHER: _____		
PRIMARY CONTINGENT PERCENTAGE TO RECEIVE: _____ %	NAME (LAST, FIRST, MIDDLE)		BENEFICIARY MAILING ADDRESS
	SSN	DATE OF BIRTH	
	RELATIONSHIP SPOUSE OTHER: _____		

If you need to list more beneficiaries, please complete the same information above on a separate piece of paper, sign and date it, attach it and return it along with this form.

OVER PLEASE

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Signature Required

By signing this form, I direct that any funds related to my account, unless certain percentages are designated or otherwise required by law, will be paid in equal shares to any primary beneficiaries named who survive me. If none of my primary beneficiaries survive, the funds will be paid in equal shares to any contingent beneficiaries who survive me. I certify that I have read and understand the instructions and that all of the information I have entered is true and complete. Submission of this document replaces any past designations I have made.

SIGNATURE	DATE
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Beneficiary Definitions

Primary Beneficiary: a person, or entity (Estate, trust, charitable organization, church, etc.) you select to receive your money. When you die we will pay all primary beneficiaries, either equally or in the percentage you designate. The total designation for your primary beneficiary selection(s) must equal 100%.

Contingent Beneficiary: a person, or entity, you select to receive your money if both you and your Primary Beneficiary die. The total designation for your contingent beneficiary selection(s) must equal 100%.

Return this form to:

Retirement@wmata.com
WMATA Retirement Office
P.O. Box 23298
Washington, DC 20026-3298