



LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
BENEFICIARY DESIGNATION

152901
PERS-220

WHAT YOU NEED TO DO Consider your choices carefully when completing this form. However, your beneficiary decisions may be very simple. You may, for instance, name your spouse as primary beneficiary under all plans and your children as contingent beneficiaries, in case your spouse does not survive you. Or you may have reasons for naming different beneficiaries.

When completing the beneficiary designation form, you may choose to:

- Name a primary beneficiary(ies) to receive survivor's benefits from all plans.
- Determine how the benefits are divided among your beneficiaries if you name more than one beneficiary, (e.g. 75% to your spouse and 25% to your parents).
- Name contingent beneficiary(ies) in case no primary beneficiary survives you.
- Name separate beneficiaries for the individual plans.

GENERAL INFORMATION

1. Please print all entries legibly. If a mistake is made, do not erase or attempt any correction. Prepare a new form.
2. Under the Community Property Laws of California, your spouse may be automatically entitled to 50% of monies due upon your death. The MTA requires your spouse's consent to avoid complications which could delay distribution of benefits.
3. **It is strongly recommended that you do NOT name a minor as a beneficiary. If you do, payment of the claim could be deferred until the minor becomes eighteen years of age. If you wish to name a minor, it is suggested that you name an individual who is the legal trustee, guardian, or friend to receive the monies in case the beneficiary is still a minor at the time of your death. We suggest the following wording in the "Special Instructions" section: "In the event of my death and (Beneficiary) is in minority, pay proceeds to _____ (Name) as (Legal Trustee, Guardian, Friend, etc.)".**
4. You **MUST** complete a new Beneficiary Designation Form whenever there is a change in status including, but not limited to, marriage, divorce, remarriage, birth of children, which would result in a change of beneficiary. No change will be in effect until you have completed a new Beneficiary Designation Form. The most current designation on file will govern in the event of a claim.
5. If you have any additional instructions regarding your designation, use the area marked "Special Instructions" in Sections 1, 2, and 3. Also if you are naming more than four beneficiaries, use this area to list the additional names and percentages.
6. Your enrollment in the various plans is controlled by the individual plan documents. Your completion of this form does not mean that you are enrolled or that benefits will be paid.
7. Remember to sign and date the form before submitting it.
8. Return the first two copies to the Human Resources Department, and retain the third copy for your records.

IMPORTANT: Estate planning can often be complicated and you should consult an expert such as your attorney or tax advisor.

(over)



BENEFICIARY DESIGNATION INSTRUCTIONS FOR COMPLETING THIS FORM

SECTION 1 — Designation of Primary Beneficiary

If the primary beneficiary(ies) is the same for all MTA plans, please enter the name(s), birthdate, and the beneficiary's relationship to you.

If more than one beneficiary is designated, enter the percentage amounts for each beneficiary (e.g. 75%, 25%). If no percentage is entered, the beneficiaries will receive equal portions of any benefits paid.

Under the Community Property Laws of California, your spouse may be automatically entitled to 50% of monies due upon your death. The MTA requires your spouse's consent to avoid complications which could delay distribution of benefits.

SECTION 2 — Designation of Contingent Beneficiary

If you wish to designate a "contingent" beneficiary (one to whom benefits would be paid if no primary designated beneficiary survives you), enter the name(s), birthdate, and the beneficiary's relationship to you.

If more than one beneficiary is designated, enter the percentage amounts for each beneficiary (e.g. 75%, 25%). If no percentage is entered, the beneficiaries will receive equal portions of any benefits paid.

SECTION 3 — Individual Plan Designation (Optional)

If you do not wish to have the same beneficiary for all plans (Section 1), you can designate separate beneficiaries for the individual plans, (i.e. Deferred Compensation, Life Insurance, Pension, or Thrift Plan). Your credit union funds cannot be allocated on this form.

ILLUSTRATIONS OF DESIGNATIONS OF BENEFICIARIES

PRIMARY:

Mary Jones	(25%)	In this case, the total amount would be divided equally between the four. If one should die, the total amount would be divided between the remaining three. If three should die, the total amount would be given to the survivor.
John Jones	(25%)	
Bill Jones	(25%)	
Lynn Jones	(25%)	

PRIMARY:

Mary Jones	(100%)	In this case, Mary Jones would receive the full amount. If she should die before you, the total amount would be divided between the contingent beneficiaries as the percentages indicate.
John Jones	(75%)	

CONTINGENT:

Bill Jones	(25%)
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PRIMARY:

Mary Jones	(50%)	In this case the total amount would be divided equally between the two primary beneficiaries. If neither of the two survives you, the full amount would be given to the contingent beneficiary. If only one of the primary beneficiaries dies, the total amount would be given to the other primary beneficiary.
Lynn Jones	(50%)	

CONTINGENT:

Bill Jones	(100%)
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NOTE: You may designate any percentage you wish for the primary or contingent beneficiaries providing you take into consideration the limitation of the spouse waiver if he/she is not designated at least 50% in the primary category. Each category (i.e., Primary, Contingent, Optional) should only add up to 100%.

CHANGES: Make it a practice to regularly review your beneficiary designation. Keep a copy of your designation for your own file. You may make changes at any time.

ANY QUESTIONS: If you have questions, please call the Human Resources Department at (213) 922-7187.

Distribution:

White: Human Resources Dept.

Pink: Employee



**LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
BENEFICIARY DESIGNATION FORM**

152901
PERS-220

BADGE/EMPLOYEE #	DEPT/DIV #	SOCIAL SECURITY #	EMPLOYEE NAME	UNION

PLEASE PRINT PLEASE REFER TO THE INSTRUCTION SHEET WHILE COMPLETING THIS FORM PLEASE PRINT

SECTION 1 — DESIGNATION OF PRIMARY BENEFICIARY

I hereby designate the following beneficiary(ies) to receive, upon my death, the balances in each of my benefit plans, which could include Life Insurance, Pension, Vacation, Sick Pay, Deferred Compensation, or Thrift Plan; my final wages, and any other monies due me from the MTA.

Name – Last, First, Middle Initial	Relationship	Birthdate	Percentage
Name – Last, First, Middle Initial	Relationship	Birthdate	Percentage
Name – Last, First, Middle Initial	Relationship	Birthdate	Percentage
Name – Last, First, Middle Initial	Relationship	Birthdate	Percentage
Special Instructions:			

IF ANY PRIMARY BENEFICIARY DESIGNATED ABOVE DIES BEFORE YOU, THE SURVIVING BENEFICIARIES, IF ANY, BECOME THE PRIMARY BENEFICIARIES. IF MORE THAN ONE PRIMARY BENEFICIARY IS NAMED, AMOUNTS SHALL BE PAYABLE EQUALLY UNLESS SPECIFIED ABOVE.

SECTION 2 — DESIGNATION OF CONTINGENT BENEFICIARY

If no named primary beneficiary survives me, I designate the following as contingent beneficiary(ies):

Name – Last, First, Middle Initial	Relationship	Birthdate	Percentage
Name – Last, First, Middle Initial	Relationship	Birthdate	Percentage
Name – Last, First, Middle Initial	Relationship	Birthdate	Percentage
Name – Last, First, Middle Initial	Relationship	Birthdate	Percentage
Special Instructions:			

SECTION 3 — INDIVIDUAL PLAN DESIGNATION (OPTIONAL)

Complete this section if a different designation is desired for any individual plan.

Name – Last, First, Middle Initial	Relationship	Birthdate	Percentage	Plan Name
1.				
2.				
3.				
4.				
Special Instructions:				

EMPLOYEE SIGNATURE **X**

DATE SIGNED **X**

**UNDER THE COMMUNITY PROPERTY LAWS OF CALIFORNIA, YOUR SPOUSE MAY BE AUTOMATICALLY ENTITLED TO 50% OF MONIES DUE UPON YOUR DEATH. THE MTA REQUIRES YOUR SPOUSE'S CONSENT TO AVOID COMPLICATIONS WHICH COULD DELAY DISTRIBUTION OF BENEFITS.
I CONSENT TO AND JOIN IN THE ABOVE DESIGNATION.**

SIGNATURE OF SPOUSE **X**

DATE SIGNED **X**