

Name	Social Security Number
Address	
City, State, Zip	Phone Number

I hereby revoke any and all previous designations of beneficiary(ies) and designate the person(s) named below as my beneficiary(ies) to receive my Oregon Savings Growth Plan account assets in the proportions indicated below.

**Standard Designation of Beneficiary**

**I elect the Standard Designation of Beneficiary**

- (a) To my **spouse**: and if he or she does not survive me, then to
- (b) my **child** or **children** in equal shares, and the share of any child who does not survive me to his or her children living at my death in equal shares; but, if none of my children survive me then to the children of my children living at my death in equal shares; and if neither my children nor any of their children survive me, then to
- (c) my **mother** and **father** in equal share or to the survivor; and if neither survives me, then to
- (d) my **brothers** and **sisters** in equal shares, and the share of any brother and sister who does not survive me to his or her children living at my death in equal shares; but if none of my brothers and sisters survive me, then to the children of my brothers and sisters living at my death in equal shares
- (e) my estate.

The terms “child” and “children,” as used in this beneficiary designation shall include both natural born and adopted children, whether born or adopted before or after the date on which I selected this beneficiary.

No payment shall be made to persons included in any of the above groups should there be living at the date of my death person in any groups preceding it as listed.

Except as designated above, no dependents of any beneficiary who does not survive me will take any interest or benefit in property subject to this designation.

If you elect this option, your designation will create a chain of beneficiaries that automatically allows for future marriages, divorces, births, deaths, or adoptions within your family as established by Oregon law.

**To designate Specific Beneficiary, complete back of form.**

I understand this designation is not effective until received and approved by the Oregon Savings Growth Plan.

X \_\_\_\_\_  
 Participant’s Signature (Do not print) Date

FOR OFFICIAL USE ONLY – OREGON SAVINGS GROWTH PLAN	
<input type="checkbox"/> Participant	<input type="checkbox"/> Alternate Payee <input type="checkbox"/> Beneficiary
Cross-reference Participant Social Security Number	
Approved by Oregon Savings Growth Plan Manager or Designee	Date





**Instructions:**

- Do not use white-out, or cross anything out. **ALTERATIONS WILL VOID THIS FORM.** If a change is required, use a new form.
- More than one primary beneficiary may be named. If more than one is named, all payments will be split equally between the primary beneficiaries unless an allocation is designated.
- More than one contingent beneficiary may be named. If more than one is named, all payments will be split equally between the contingent beneficiaries unless an allocation is designated. A contingent beneficiary receives benefits only if he/she survives the participant and the primary beneficiary(ies).
- Always write full given names. For example, Mary R. Doe (not Mrs. Robert Doe).
- To designate a trust, name a trustee **and** a successor trustee rather than the trust itself, e.g., To John Doe (name) trustee, or Jane Doe (name), successor trustee, of the (name of trust, dated (date), held by (name and address).
- To designate your estate as beneficiary, write “The Personal Representative, Executor, or Administrator of my Estate.”

Primary Beneficiary Name	Social Security Number*	Address (Street, City, State, Zip)	Date of Birth	Relationship to Participant	%

Contingent Beneficiary Name	Social Security Number*	Address (Street, City, State, Zip)	Date of Birth	Relationship to Participant	%

\* Providing a Social Security Number (SSN) is voluntary. It will be used for confirmation purposes only. Failure to supply a SSN may delay the processing of benefits to a beneficiary.

I understand this designation is not effective until received and approved by the Oregon Savings Growth Plan.

X \_\_\_\_\_  
 Participant’s Signature (Do not print) \_\_\_\_\_ Date

<b>FOR OFFICIAL USE ONLY – OREGON SAVINGS GROWTH PLAN</b>	
<input type="checkbox"/> Participant <input type="checkbox"/> Alternate Payee <input type="checkbox"/> Beneficiary	
Cross-reference Participant Social Security Number	
Approved by Oregon Savings Growth Plan Manager or Designee	Date

In compliance with the Americans with Disabilities Act, staff will provide assistance in filling out this form to anyone who needs it. You may request assistance from your Oregon Savings Growth Plan representative by calling **503-378-3730** or TTY **503-378-4942**.

Mail this form to: **Oregon Savings Growth Plan**  
**800 Summer Street NE Ste 200**  
**Salem, OR 97301**