



# NORTHERN CALIFORNIA INSTITUTE FOR RESEARCH AND EDUCATION 403(B) SAVINGS PLAN

Principal Life Insurance Company  
Des Moines, IA 50306-9394

## Beneficiary Form

**Retirement Plan Beneficiary  
Designation Without  
QPSA Requirement**

Contract/Plan ID Number 4-58099  
CTD01304

Follow these steps to name your beneficiary(ies): 1) Complete the Personal Information Section. 2) Select one of the beneficiary choices (Choice A, Choice B, or Choice C) See page 3 for more detailed instructions and examples. 3) Name your beneficiary(ies) on Page 2. 4) Sign the form at the bottom of Page 2. 5) Return the beneficiary form to Principal Life Insurance Company and keep a copy for your records.

Note: Only use this form if plan does not allow Life Annuities or is a Governmental 457 Plan.

### Personal Information (Please print with black ink)

Name (Last)	(First)	(MI)	Social Security Number
Address			Phone Number
City	State	Zip	Email Address

### My Beneficiary Choices (pick one)

**Choice A: Single Participant** (includes widowed, divorced or legally separated)  
I am not married and designate the individual(s) named on Page 2 of this form to receive death benefits from the plan. I understand if I marry, this designation is void one year after my marriage (some plans specify a shorter period).  
**Note: If changing your beneficiary due to a legal separation or divorce, you must attach a copy of the court decree.**

**Choice B: Married with Spouse as Sole Beneficiary** (spouse's signature is not required)  
I am married and designate my spouse named on Page 2 of this form to receive all death benefits from the plan/contract.

**Choice C: Married with Spouse Not as Sole Primary Beneficiary**

By checking this box, I agree only to the beneficiary designation on this form. My spouse cannot change the beneficiary without my consent.

Spouse's Signature (must be witnessed by Plan Representative or Notary Public)

Date

X \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

The spouse appeared before me and signed the consent on

Plan Representative or Notary Public Signature

Date

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ X \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(Check if applicable) I certify that my spouse cannot be located to sign this consent. I will notify the plan sponsor if my spouse is located. Note: If your spouse cannot be located, check this box and have it witnessed by the Plan Representative. It must be established to the satisfaction of the Plan Representative that your spouse cannot be located.

I certify that spousal consent cannot be obtained because spouse cannot be located.

Plan Representative Signature

Date

X \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# Beneficiary Form

Contract/Plan ID Number 4-58099

## Naming My Beneficiary(ies)

Before completing, please read the directions, examples and notice information on this form. You may name one or more Primary and/or Contingent Beneficiaries. If you need more space to name beneficiaries, please attach a separate list that you have signed and dated. Note: Unless otherwise provided, if two or more beneficiaries are named, the proceeds shall be paid to the named beneficiaries, or to the survivor or survivors, in equal shares.

Name (Primary Beneficiary[ies])	Date of birth	Relationship	Social Security Number	Percent
_____	____/____/____	_____	____-____-____	____%
Address	_____	City	_____	State
_____	_____	_____	_____	ZIP
_____	_____	_____	_____	_____

Name (Primary Beneficiary[ies])	Date of birth	Relationship	Social Security Number	Percent
_____	____/____/____	_____	____-____-____	____%
Address	_____	City	_____	State
_____	_____	_____	_____	ZIP
_____	_____	_____	_____	_____

## If Primary Beneficiary(ies) is not living, pay death benefits to:

In most circumstances, your contingent beneficiary(ies) will only receive a death benefit if the primary beneficiary predeceases you and the death benefit has not been paid in full.

Name (Contingent Beneficiary[ies])	Date of birth	Relationship	Social Security Number	Percent
_____	____/____/____	_____	____-____-____	____%
Address	_____	City	_____	State
_____	_____	_____	_____	ZIP
_____	_____	_____	_____	_____

Name (Contingent Beneficiary[ies])	Date of birth	Relationship	Social Security Number	Percent
_____	____/____/____	_____	____-____-____	____%
Address	_____	City	_____	State
_____	_____	_____	_____	ZIP
_____	_____	_____	_____	_____

## Name Change

Change my name - From: \_\_\_\_\_ Change my name - To: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason:  Married  Divorced - Will need to attach divorce decree.  
 Other (reason): \_\_\_\_\_

## My Signature

This designation revokes all prior designations made under the retirement plan.

My Signature (Required) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**X** \_\_\_\_\_  
UNDER THE PENALTIES OF PERJURY, I certify by my signature that all of the information on this Beneficiary Designation form is true, current and complete.

## Directions

Read carefully before completing this form. To be sure death benefits are paid as you want them, follow these guidelines:

**Use Choice A** If you are not married.

**Use Choice B** If you are married and want all death benefits from the Plan paid to your spouse. Your spouse does not have to sign the form.

**Use Choice C** If you are married and want death benefits paid to someone other than your spouse, in addition to your spouse, or to a Trust or Estate. Your spouse must sign the spouse’s consent on this form. This signature must be witnessed by a Plan Representative or Notary Public.

**You may name one or more contingent beneficiaries.** If you need more space to name beneficiaries, please attach a separate list that you have signed and dated.

**Be sure you sign and date the form.** Keep a copy of this form for your records. Return the original to your plan sponsor. If you do not date the form, the designation will become effective the day received by your plan sponsor or Principal Life Insurance Company, depending upon plan provisions.

If your marital status changes, review your beneficiary designation to be sure it meets these requirements. If your name changes, complete the Name Change section of this form.

## Examples of Naming Beneficiaries

Be sure to use given names such as “Mary M. Doe,” not “Mrs. John Doe” and include the address and relationship of the beneficiary or beneficiaries to the participant. The following examples may be helpful to you:

	Name	Relationship	Social Security Number	Address	Amount/Percent
<b>One Primary Beneficiary</b>	Mary M. Doe	Sister	XXX-XX-6789	XXXXXXXXXX	100%
<b>Two Primary Beneficiaries</b>	Jane J. Doe John J. Doe or to the survivor	Mother Father	XXX-XX-6789 XXX-XX-6789	XXXXXXXXXX XXXXXXXXXX	50% 50%
<b>One Primary Beneficiary and One Contingent</b>	Jane J. Doe if living; otherwise to John J. Doe	Wife Son	XXX-XX-6789 XXX-XX-6789	XXXXXXXXXX XXXXXXXXXX	100% 100%
<b>Estate</b>	My Estate				100%
<b>Trust</b>	ABC Bank and Trust Co.	Trustee or successor in trust under (Trust Name) established (Date of Trust)		XXXXXXXXXX	100%
<b>Testamentary Trust (Trust established within the participant’s will)</b>	John J. Doe/ ABC Bank Testament of the participant	Trust created by the Last Will and Testament of the participant		XXXXXXXXXX	100%
<b>Children &amp; Grandchildren (if Beneficiary is a minor, use sample wording shown below.)</b>	John J. Doe Jane J. Doe William J. Doe	Son Daughter Son	XXX-XX-6789 XXX-XX-6789 XXX-XX-6789	XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX	33.4% 33.3% 33.3%
	Provided that if any of my children predeceases me, the surviving children of any such child shall receive in equal portions the share their parent would have received, if living. If no child of a deceased child survives, the share of that child of mine shall go to the survivor or survivors of my children, equally.				
<b>Minor Children (Custodian for Minor)</b>	John J. Doe, son and Jane J. Doe, daughter, equally, or to the survivor. However, if any proceeds become payable to a beneficiary who is a minor as defined in the Iowa Uniform Transfers to Minors Act (UTMA), such proceeds shall be paid to Frank Doe, as custodian for John Doe under the Iowa UTMA and Frank Doe, as custodian for Jane Doe under the Iowa UTMA.				