FBC 3121 Plan

Enrollment / Beneficiary Designation

San Diego Community College District



San Diego County Schools Fringe Benefits Consortium

Please complete this form if you would like to designate your beneficiary. Otherwise, your beneficiary

Fringe Benefits Consortium

	will automatically be	your spouse if you are r	married, or your est	ate if you a	are not married.			
Step 1	Employee Name			Social Security Number	Security Number Current Date			
Step 2	If you are completing this form because of a name change, please indicate your former name below.			e,	Email Address:			
Step 3 Not Married	l marry, the designation becomes void one year after my marriage.						I that if	
	SSN	Name	Relatio	nship	Address		Amount %	
Step 3 Married	I am MARRIED and designate the following person(s) to rece			receive	ve death benefits from the Plan.			
	SSN Name		Relationship		Address	Amount %		
	SPOUSAL CONSENT: Spousal Consent only required if you are legally married and naming a portion or all of this benefit to another individual(s). I consent to this designation which eliminates all or part of the benefits otherwise payable to me from the Plan if my spouse dies.							
	Spouse's Signature				otary Public or Plan Administrator Date ory required if naming someone other than spouse)			
		I certify that my spouse cannot be located to sign this Spouse's Consent. I will notify the Plan sponsor if my spouse is located.						
Step 4								
	Employee Signature * This nomination of beneficiary and direction supersedes any direction of prior date which is hereby revoked and I hereby reserve the right at any time to revoke or modify this direction in the manner prescribed by the Trustee(s) of the Plan.							