

**Berklee College of Music, Inc.
403(b) Retirement Savings Plan**

**Beneficiary Designation Form
*Transamerica Accounts***

Instructions: Use this form to elect persons as beneficiaries for your non-TIAA-CREF 403(b) account. Attach another sheet with additional information, if necessary. Your spouse's witnessed signature may be required on page 2. If you wish to name a trust as beneficiary contact the Office of Human Resources before completing this form.

Return this completed form to **Office of Human Resources, MS-855-HR.**

TIAA-CREF Accounts

To elect or update beneficiaries for TIAA-CREF accounts do not use this form.
Contact TIAA-CREF at (800) 842-2776 or tiaa-cref.org.

Your Legal Name: _____
(print)

Berklee ID Number: _____
(see your Berklee ID card)

Marital Status: ☐ legally married or legally recognized domestic partnership ☐ not married

If you are married or become married

If you are married and die without having named a beneficiary, 100% of your vested account balance will be paid to your surviving spouse.

Name(s) of PRIMARY Beneficiary(ies)

Be sure that the % allotted to all PRIMARY beneficiaries totals 100%.

1. Name: _____ % _____

Date of Birth: _____ Social Security Number: _____

Mailing Address: _____

Relationship to You: ☐ legally married spouse ☐ other: _____
(describe)

2. Name: _____ % _____

Date of Birth: _____ Social Security Number: _____

Mailing Address: _____

Relationship to You: ☐ legally married spouse ☐ other: _____
(describe)

3. Name: _____ % _____

Date of Birth: _____ Social Security Number: _____

Mailing Address: _____

Relationship to You: ☐ legally married spouse ☐ other: _____
(describe)

Name(s) of CONTINGENT Beneficiary(ies)

Be sure that the % allotted to all CONTINGENT beneficiaries totals 100%.

1.	Name: _____	% _____
	Date of Birth: _____	Social Security Number: _____
	Mailing Address: _____	
	Relationship to You: <input type="checkbox"/> legally married spouse	<input type="checkbox"/> other: _____ (describe)
2.	Name: _____	% _____
	Date of Birth: _____	Social Security Number: _____
	Mailing Address: _____	
	Relationship to You: <input type="checkbox"/> legally married spouse	<input type="checkbox"/> other: _____ (describe)
3.	Name: _____	% _____
	Date of Birth: _____	Social Security Number: _____
	Mailing Address: _____	
	Relationship to You: <input type="checkbox"/> legally married spouse	<input type="checkbox"/> other: _____ (describe)

Your Authorization and Signature

I designate the person(s) named above as beneficiary(ies) to receive payment of the value of my account(s) under the plan upon my death.

If I am married, I understand that beneficiary designations are limited as indicated below in the **Notice to Married Participants**, and are effective only if required spousal consent is obtained.

I am aware that my beneficiary designation becomes effective when accepted by the Plan Administrator, and will remain in effect until the Plan Administrator accepts another Beneficiary Designation Form that I deliver at a later date.

I understand that if I choose not to designate a beneficiary, my beneficiary will be my surviving spouse, or if I do not have a surviving spouse, my beneficiary will be my estate.

I am aware that the beneficiary information provided herein shall apply to all of my non-TIAA-CREF account(s) under the plan and shall replace all previous designation(s) I have made to such non-TIAA-CREF account(s). I understand that I must contact TIAA-CREF to elect beneficiaries for TIAA-CREF accounts.

X _____	_____
Participant's Signature	Date

Notice to Married Participants

Complete this section only if you are married and your spouse is your primary beneficiary for less than 100% of your account balance.

If you die before your benefit is paid to you, any plan benefit to which you are entitled will be paid, by default, to your surviving spouse. However, if your spouse consents in writing, you may designate a beneficiary other than your spouse to receive the benefits. A Notary Public must witness your spouse's consent. To change your beneficiary election subsequently, you must again obtain your spouse's written consent.

Spousal Consent

I hereby consent to the designation of the beneficiary(ies) listed above. I understand that (1) the effect of this designation is to cause some or all of my spouse's death benefit to be paid to a beneficiary other than me; (2) the beneficiary designation is not valid unless I consent to it; and (3) my consent is irrevocable unless my spouse revokes the beneficiary designation(s).

X _____

Spouse's Signature

Date

Witnessed by Notary Public

On this day _____ in the State of _____, County of _____
before me appeared _____, who acknowledged

herself or himself to be the person who executed the spousal consent set forth above and acknowledged the consent to be his or her free act and deed.

X _____

Notary's Signature and Seal

Date

HR USE, ONLY

Plan Administrator Acceptance

Received and accepted. Any required consents and waivers have been obtained, or it has been established to my satisfaction that spousal consent to this election cannot be obtained because the spouse cannot be located or other circumstances make obtaining such spousal consent impossible.

X _____

For the Plan Administrator

Date