



Beneficiary Designation

INSTRUCTIONS

LEVEL 3

To designate a beneficiary or to change your existing beneficiary designation on your plan, complete all applicable sections of this form, obtain any required signatures, and return it Bencor at P.O. Box 1429 Brentwood TN 37024-1429 or fax to 1-888-500-7111. If you have any questions regarding this form, please contact us at 1-866-296-9712.

PLAN SPONSOR INFORMATION

Company/Plan Sponsor	Town of North Attleboro 457(b) FICA Alternative Plan		
Contract/Account No.	102417	Affiliate No.	
		Division No.	

PERSONAL INFORMATION

Social Security No.		Date of Birth (mm/dd/yyyy)	
First Name/Middle Initial		Last Name	
Mailing Address			
City		State	
		Zip Code	
Phone No.		Ext.	
E-mail Address			

PARTICIPANT SIGNATURE

I hereby warrant that all of the statements and information contained in this request/form (including my current marital status) are true in all respects. I understand that if I have made any false or misleading statements in this request that such statements could result in significant tax consequences and/or other monetary damages to the Plan, my Plan Sponsor and BENCOR. Moreover, I hereby agree to indemnify and hold (a) the Plan, (b) Bencor, and (c) my Plan Sponsor harmless from any tax consequences and/or other monetary damages that may result in whole or in part from my false and misleading statements. I certify that the information provided on this form is correct and complete.

X _____ Participant Signature	X _____ Date
X _____ Print Name	X _____ Social Security Number

APPROVAL

This beneficiary designation request is subject to approval by BENCOR.

PRIMARY BENEFICIARY DESIGNATION - WILL RECEIVE BENEFITS IN THE EVENT OF YOUR DEATH

This designation will apply to the account number above. You must designate a specific percentage for each beneficiary. Shares must be whole percentages and total 100%. If you do not indicate shares, benefits will be split equally among surviving beneficiaries. If the named beneficiary is a trust, please specify the name and date of the trust, and the name of the trustee.

Note: Share of benefits must total 100% for primary beneficiaries. If additional space is needed to designate multiple beneficiaries, complete the Supplemental Beneficiary Designation page.

Type of Beneficiary Designation Individual Trust Estate

Share of Benefits	<input type="text"/>	% (whole percentages only)	Relationship	<input type="text"/>
Social Security No.	<input type="text"/>	Date of Birth (mm/dd/yyyy)	<input type="text"/>	
First Name/Middle Initial	<input type="text"/>	Last Name	<input type="text"/>	
Name of Trust/Estate	<input type="text"/>			
Trustee/Executor	<input type="text"/>			
Trust/Estate Tax ID	<input type="text"/>	Effective Date	<input type="text"/>	
Mailing Address	<input type="text"/>			
City	<input type="text"/>	State	<input type="text"/>	
		Zip Code	<input type="text"/>	

PRIMARY BENEFICIARY DESIGNATION (CONTINUED)

Type of Beneficiary Designation Individual Trust Estate

Share of Benefits	<input type="text"/>	% (whole percentages only)	Relationship	<input type="text"/>
Social Security No.	<input type="text"/>	Date of Birth (mm/dd/yyyy)	<input type="text"/>	
First Name/Middle Initial	<input type="text"/>	Last Name	<input type="text"/>	
Name of Trust/Estate	<input type="text"/>			
Trustee/Executor	<input type="text"/>			
Trust/Estate Tax ID	<input type="text"/>	Effective Date	<input type="text"/>	
Mailing Address	<input type="text"/>			
City	<input type="text"/>	State	<input type="text"/>	
		Zip Code	<input type="text"/>	