

	<p>Title</p> <p align="center">BENEFICIARY DESIGNATION ACTIVE MEMBERS</p>	<p>Document No.</p> <p align="center">Form RP-4</p>	<p>Rev.</p> <p align="center">05/19/2022</p>	<p>Page</p> <p align="center">1 of 1</p>
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RETURN THE FORM USING ONE OF THE FOLLOWING METHODS:

- a. MAIL TO: **CITY OF SAN JOSÉ
OFFICE OF RETIREMENT SERVICES
1737 NORTH FIRST STREET, SUITE 600
SAN JOSÉ, CA 95112-4505**
- b. FAX TO: **(408) 392-6732**

Name: _____

Social Security Number: _____

Employee ID Number: _____

E-Mail Address: _____

- Federated City Employees' Retirement System
- Police and Fire Department Retirement Plan

Name	Social Security Number	Date of Birth	Relationship	Primary	Contingent
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Deferred Compensation Accounts

Members with funds in either the 457 Voluntary Plan or PTC Plan should review or update their beneficiaries online through Voya's website at <http://sanjose.beready2retire.com/> or via phone with Voya at 1-800-584-6001.

PLEASE NOTE: This beneficiary designation supersedes all previous beneficiary designations. Primary beneficiaries share equally. Secondary beneficiaries are paid only if no primary beneficiaries are living. Secondary beneficiaries share equally.

Member's Signature: _____

Date: _____

Spouse/Domestic Partner's Signature: _____

Date: _____

Witness Signature: _____

Date: _____