

REVERSE DROP BENEFICIARY DESIGNATION

PLEASE PRINT

I, _____, the undersigned, in the event of my death, direct that all amounts credited to my REVERSE deferred retirement option plan participation account shall be paid to:

Name of primary beneficiary / or Trust

Relationship: _____ Date of Birth: _____

If living, otherwise to: _____

Name(s) of contingent beneficiary(ies) / or Trust

Relationship: _____ Date of Birth: _____

if living, otherwise to my estate. It is agreed that if more than one primary or contingent beneficiary, as the case may be, is named, my said accumulated amounts, will be paid in equal shares to the survivors.

DATED IN _____, ARIZONA, ON THIS _____ DAY OF _____, 20____.

TO THE MEMBER AND SPOUSE:

Reverse DROP accumulated amounts are subject to the community property laws of this State. A member shall not make a beneficiary designation that results in an abrogation of a member's community property obligations. If you are married and designate someone other than your spouse, the CORP can only honor your election to the extent it complies with the Arizona community property laws. If you designate a primary refund beneficiary other than your spouse, by signing this form your spouse agrees to a spousal waiver of your REVERSE DROP accumulated amounts. This spousal waiver is only effective for your REVERSE DROP accumulated amounts.

WITNESS (Signature)

MEMBER (Signature)

WITNESS (Print Name)

MEMBER (Print Name)

(Witness must be other than beneficiaries named above)

Please complete and attach Form 9 if change of beneficiary reflects a marital status change which involves a name change of member.

STREET ADDRESS

CITY STATE ZIP

(____) _____ - _____
MEMBER TELEPHONE NUMBER

_____-_____-_____
SOCIAL SECURITY NUMBER

WITNESS (Signature)

SPOUSE (Signature)

WITNESS (Print Name)

SPOUSE (Print Name)

TO THE EMPLOYER:

Please forward to CORP
And retain a copy for your records.

EMPLOYER