



CITY OF BRISTOL
OFFICE OF THE COMPTROLLER
BRISTOL, CONNECTICUT 06010

457 Deferred Compensation Beneficiary Designation

Name of Deferred Comp Plan _____

Social Security No. _____ Dept. _____
(Last four numbers)

I, _____, am an employee for the City of Bristol and
(Employee's Name)

currently enrolled in a deferred compensation plan as provided under the Public Employee's Nonqualified Deferred Compensation Plan adopted by the City. I am fully aware of the terms of my plan and the benefits to be paid through the terms of the plan initially set.

The information you indicate here will supersede previously submitted information and will be used to determine the beneficiaries entitled to all or a portion of your plan. I designate the following named person(s) to receive benefits in the event of my death. If more than one beneficiary is designated payment will be made in the designated percentages. Payments to contingent beneficiary (ies) will only be made if no primary beneficiary (ies) survives me. If percentages are entered, the total percentage must equal 100%. If no designated percentage is indicated, benefits will be paid to each surviving beneficiary at equal shares.

Beneficiary Type	Name (First, Middle Initial, Last)	Relationship	Primary Beneficiary Percentages	Contingent Beneficiary Percentages
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent				
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent				
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent				
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent				

Employee Signature: _____ Date: _____

I have read and understand this entire form and hereby elect the beneficiary designation indicated.

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Acknowledged by Plan Administrator

Employer: _____ Date: _____

(Comptroller's Signature)

Please return to Jodi in Comptroller's Office