



Beneficiary Designation

Important information about beneficiary designation

A beneficiary is a designated individual or entity that will inherit the assets in your NEST account. Use this form to add or change the beneficiary or beneficiaries that will receive your assets in the event of your death. If you need to add more beneficiaries than will fit on this form, please print additional copies of page 2 for primary or page 4 for contingent beneficiaries and submit with this form.

This beneficiary designation overrides all previous designations for this IRA.

Contact us:

8am to 5pm Pacific Time, M-F

Employer assistance:

1-833-359-4300

Employee assistance:

1-833-854-1871

Completed forms should be mailed to:

NEST Program
PO Box 534487
Pittsburgh, PA 15253-4487

Overnight address:

NEST Program
Attention: 534487
500 Ross Street
154-0520
Pittsburgh, PA 15262

www.NEST.nv.gov

1 IRA owner information (All fields required)

Account number

Social Security or taxpayer identification number

IRA owner legal name (First) (M.I.)

IRA owner legal name (Last)

Telephone number (In case we have a question about your account)

2 Beneficiary designation (All fields required)

Primary beneficiaries

(The total percentage designated for all primary beneficiaries of this IRA must equal 100%. Use whole numbers when indicating the percentage for the beneficiary(ies). If more than one beneficiary is designated and no percentages are provided, the beneficiaries will be deemed to own equal share percentages in the IRA.)

First name/trust name/entity (M.I.)

Last name/trust name/entity

____ _
Social Security or taxpayer identification number

____ _
Birth date or date of trust (mm/dd/yyyy)

Address (We cannot accept a PO box)

City

State

____ _
ZIP code

Relationship

☐

My spouse

☐

My child

☐

My relative

☐

Other

____ _ %

Percent designated



Beneficiary Designation

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First name/trust name/entity (M.I.)

Last name/trust name/entity

____ _ - ____ _ - ____ _
Social Security or taxpayer identification number

____ _ - ____ _ - ____ _
Birth date or date of trust (mm/dd/yyyy)

Address (We cannot accept a PO box)

City State ZIP code

Relationship ☐ My spouse ☐ My child ☐ My relative ☐ Other

____ _ %
Percent designated

1 0 0 %

Total percentage of all primary beneficiaries

☐ Check here if additional Primary beneficiaries are listed on an attached page(s).
Please confirm the total number of Primary Beneficiaries for this IRA _____

Spousal Consent – Custodian Disclaimer:

(The Participant's spouse may have a property interest in the account and may also have a right to dispose of that property interest by will. Therefore, the Custodian, together with any sponsors, issuers, depositories or other persons or entities associated with the investments in the account, specifically disclaim any warranty as to the effectiveness of the Participant's beneficiary designation in this Beneficiary Designation Form, or any warranty as to the ownership of the account after the death of the Participant or the Participant's spouse. For additional information, a qualified tax or legal professional should be consulted.)

Contingent beneficiaries

(The total percentage designated for all contingent beneficiaries of this IRA must equal 100%. Use whole numbers when indicating the percentage for the beneficiary(ies). If more than one beneficiary is designated and no percentages are provided, the beneficiaries will be deemed to own equal share percentages in the IRA. The balance in the account will be payable to these beneficiaries if all primary beneficiaries have predeceased the IRA owner.)

First name/trust name/entity (M.I.)

Last name/trust name/entity

____-____-____
Social Security or taxpayer identification number

____-____-____
Birth date or date of trust (mm/dd/yyyy)

Address (We cannot accept a PO box)

City

State

____-____-____
ZIP code

Relationship

☐

My spouse

☐

My child

☐

My relative

☐

Other

____-____-____%
Percent designated

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First name/trust name/entity (M.I.)

Last name/trust name/entity

Social Security or taxpayer identification number Birth date or date of trust (mm/dd/yyyy)

Address (We cannot accept a PO box)

City State ZIP codeRelationship ☐ My spouse ☐ My child ☐ My relative ☐ Other

Percent designated

1 0 0 %**Total percentage of all contingent beneficiaries**

☐ Check here if additional Contingent beneficiaries are listed on an attached page(s).
Please confirm the total number of Contingent Beneficiaries for this IRA _____

Spousal Consent – Custodian Disclaimer:

(The Participant's spouse may have a property interest in the account and may also have a right to dispose of that property interest by will. Therefore, the Custodian, together with any sponsors, issuers, depositories or other persons or entities associated with the investments in the account, specifically disclaim any warranty as to the effectiveness of the Participant's beneficiary designation in this Beneficiary Designation Form, or any warranty as to the ownership of the account after the death of the Participant or the Participant's spouse. For additional information, a qualified tax or legal professional should be consulted.)

3 IRA owner signature and acknowledgements

I understand that I may replace my beneficiary designations at any time by completing and delivering the proper form to the Nevada Employee Savings Trust Program. Neither the IRA custodian nor the Nevada Employee Savings Trust Program has provided tax or legal advice to me regarding my beneficiary designations.

I understand that, if I am subject to community property or marital property state requirements, my spouse may be required to consent to any beneficiary I designate who is not my spouse, or who is in addition to my spouse. I also understand that any beneficiary designation I make, other than my spouse, or in addition to my spouse, may not be effective without my spouse's consent. I certify, under penalty of perjury, if I am married, and have not named my spouse as my sole Primary Beneficiary, I have consulted a qualified tax or legal professional about the need to document spousal consent, and about the consequences of not obtaining my spouse's consent.

I confirm that in the event of my death, the balance of my custodial account shall be paid to the primary beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If none of the primary beneficiaries survive me, the balance of my account shall be paid to the contingent beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If I name multiple primary beneficiaries and a primary beneficiary does not survive me, such interest is terminated, and that percentage will be divided proportionately among the remaining primary beneficiaries. Similarly, if no primary beneficiary survives me and I have named multiple contingent beneficiaries and a beneficiary does not survive me, such interest is terminated, and that percentage will be divided proportionately among the remaining contingent beneficiaries. If all designated beneficiaries predecease me, my surviving spouse will become the beneficiary of my IRA. If I do not have a surviving spouse at the time of my death, or if I am unmarried, my beneficiary(ies) shall be determined in the following sequence:

- (a) My descendants per stirpes shall be my beneficiary(ies); if no descendant survives me, then;
- (b) My parents in equal shares shall be my beneficiary(ies); if no parent survives me, then;
- (c) My estate shall be my beneficiary.

By signing below, I hereby revoke any previous beneficiary designation.

Signature of IRA owner

____ _ - ____ _ - ____ _
Date (mm/dd/yyyy)