

PACIFIC'S UNIVERSAL BENEFICIARY DESIGNATION FORM

Employee Name (Last, First, Middle Initial)	Employee ID Number
Employee Address	Social Security Number

SECTION I - PRIMARY BENEFICIARY DESIGNATION

I hereby designate that upon my death, the person(s) listed below will receive benefits payable from the following University of the Pacific benefit plans: 403(b) Group Retirement Plan (GRA) and Group Supplemental Retirement Plan (GSRA), Group Basic Life Insurance, and Voluntary Term Life Insurance. *Note: If a Trust is named, please include the date of Trust.*

			<i>Percentage of Benefits</i>				
#	Beneficiary Name	Rel*	Social Security #	403(b) GRA	403(b) GSRA	Basic Life	Voluntary Term Life
1				%	%	%	%
2				%	%	%	%
3				%	%	%	%
4				%	%	%	%
*H - Husband W - Wife S - Son D - Daughter O - Other			Totals %	100 %	100 %	100 %	100 %

SECTION II - CONTINGENT BENEFICIARY DESIGNATION

If no named primary beneficiary survives me, the following are contingent beneficiaries.

			<i>Percentage of Benefits</i>				
#	Beneficiary Name	Rel*	Social Security #	403(b) GRA	403(b) GSRA	Basic Life	Voluntary Term Life
1				%	%	%	%
2				%	%	%	%
3				%	%	%	%
4				%	%	%	%
*H - Husband W - Wife S - Son D - Daughter O - Other			Totals %	100 %	100 %	100 %	100 %

SECTION III - SPOUSAL CONSENT

For 403(b) Retirement Plan: If you are married and designate anyone other than your spouse as primary beneficiary or anyone to share in the distribution with your spouse, you must obtain your spouse's signature which is witnessed by a notary public or Plan Representative. Please attach the appropriate documentation.

Spouse's Signature	Date	Plan Representative (Witness)	Date

SECTION IV - EMPLOYEE SIGNATURE	DATE