

DESIGNATION OF BENEFICIARY—EMPLOYEES

University of California Retirement Plan (UCRP) and Capital Accumulation Payment (CAP)

and UC-Sponsored Insurance Plans

UBEN 116 (R09/22) University of California Human Resources

THIS FORM IS FOR USE BY EMPLOYEES ONLY.

(Retirees, former employees and others use form UBEN 117 to name beneficiaries for the University of California Retirement Plan and Capital Accumulation Payment—UCRP/CAP.)

- Use this form to name or change your beneficiary(ies) for lump sum death benefits from UCRP/CAP and/or certain UC-sponsored insurance plans. Plans are listed on the form.
- You can name or change your beneficiary(ies) on the UC Retirement at Your Service website (UCRAYS) at retirementatyourservice.ucop.edu. Log on and select “Beneficiary Designations.”
- If you do not name a beneficiary, payment will be made automatically in the order shown at the bottom right of this page.

IMPORTANT NOTE: You CANNOT use this form to designate or change beneficiaries for the Retirement Savings Program plans (Defined Contribution Plan, 403(b) Plan and/or 457(b) Plan). To designate or change beneficiaries for those plans, call Fidelity Retirement Services at 1-866-682-7787 or visit the Fidelity website at netbenefits.com/profile/beneficiaries.

GENERAL INFORMATION

Designation of a beneficiary may have significant tax and inheritance consequences for your estate and for the beneficiary. Consult your attorney or tax advisor for more information.

If you are married, your spouse may have a legal interest in this designation of beneficiary. A beneficiary designation may be subject to challenge if it will result in your spouse receiving less than his or her proportionate share of the benefit attributable to community property.

Beneficiary designations generally avoid probate unless the estate is named as beneficiary. Consult your attorney for more information and advice.

COMPLETING THIS FORM

If you have questions or need help, call your local Benefits Office.

General Instructions

Either type this form or complete it in ink. This is a legal document, so erasures or other corrections (including cross-outs) are not acceptable.

Except for trust agreements, attachments are not acceptable.

Plan Designation

Completing one form will designate your beneficiary(ies) for all plans in which you are enrolled except those enrolled in the Retirement Savings Program plans. If you want to name different beneficiaries for different plans, you must complete a separate form for each plan. Be sure to write the name of the plan(s) to which each form applies in the space provided.

Personal Information

Provide all the information requested.

Primary/Secondary Beneficiary(ies)

If you need more than one page to name your beneficiaries, use multiple forms, marking them “Page 1 of 2,” “Page 2 of 2,” and so forth.

Your beneficiary(ies) may be any person(s) you want to name.

“Person” includes any entity capable of accepting and holding property.

If your beneficiary is a person (including nonresident alien or resident alien*), you must enter the person's full name and date of birth. For

example, enter “Mary Lou Smith” rather than “Mrs. John Smith.” If the beneficiary's first name consists of initials only, enter “(IO)” (meaning “Initials Only”) in parentheses following the person's name. You should also provide your beneficiary's address and Social Security number.

If your beneficiary is a trust, you must enter the name of the trust. You should also provide the date of the trust and the trustee's name, address, and the trust's taxpayer identification number.

If your beneficiary is a charity or other entity, you must enter the name and address. You should also provide the charity's/entity's taxpayer identification number.

You may name as many beneficiaries as you like. If you name more than one, the benefit will be paid in equal shares unless you specify the share (%) each is to receive. If you specify shares, they must be whole percentages (for example, 50% rather than 50.5%), and total shares must add up to 100%. If any of your beneficiaries die, their share will be divided proportionately among the remaining beneficiaries.

You may also designate secondary beneficiaries to receive benefits if all primary beneficiaries are deceased.

You may name your estate as beneficiary.

CHANGING YOUR BENEFICIARY

You may change your beneficiary at any time either online (see shaded box at left) or by submitting a new form. Once UC Human Resources accepts the new designation, all previous designations become invalid. UC Human Resources will confirm the changes either by sending an e-mail to your UC work address or by sending a notice to your home address.

In most cases, changes in your family situation—for example, marriage—will not automatically alter or revoke your existing beneficiary designations. **A beneficiary designation generally remains valid until you submit a new one.** However, if you are divorced and at the time of your death your former spouse is still named as beneficiary on the form you completed while you were married, the designation may be void. (Some exceptions apply. See California Probate Code 5040.) You should review your beneficiary designations for the UCRP whenever there is a change in your family situation.

You should also update your designations (either online or by submitting a new form) if a beneficiary changes his or her address.

A will does not supersede a beneficiary designation.

IF YOU DO NOT NAME A BENEFICIARY

If you do not name a beneficiary for any or all of the UC-sponsored plans in which you are enrolled, benefits will be paid to your survivors as follows:

- Legal spouse or domestic partner or, if none,
- Biological or adopted children** (step children are not considered beneficiaries), or if none,
- Parents or, if none,
- Siblings (half siblings are not considered beneficiaries) or, if none,
- Your estate.

* Nonresident alien or resident alien must obtain an Individual Taxpayer Identification Number (ITIN). For information on applying for ITIN, visit www.irs.gov.

** Children of a deceased child share their parent's benefits.

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UBEN 116 (R09/22) University of California Human Resources

Send completed form to:
UC Human Resources
Records Management
P.O. Box 24570
Oakland, CA 94623-1570

EMPLOYEES: Use this form to name or change your beneficiary(ies) for the plans listed below. Please type or print clearly. To name or change beneficiaries for the Defined Contribution, 403(b) and/or 457(b) Plans, go to netbenefits.com/profile/beneficiaries.

PLAN DESIGNATION

Unless you specify otherwise, the information you provide on this form will apply to all the plans listed below in which you are enrolled. Please note that the list includes all plans requiring beneficiary information. You may not be eligible for all the plans listed.

RETIREMENT PLAN: University of California Retirement Plan (UCRP) and Capital Accumulation Payment (CAP)

INSURANCE PLANS: Accidental Death & Dismemberment (AD&D); Basic or Core Life; Supplemental Life; Senior Management Life; Accident, Critical Illness, Hospital Indemnity; and Business Travel Accident

I do not want the beneficiary designations on this form to apply to all my plans. The information on this form applies only to the following plan(s) (please enter plan name(s) as shown above) and use separate forms, if needed, for each Plan name designated:

PERSONAL INFORMATION All sections must be completed

NAME (Last, First, Middle Initial)	SOCIAL SECURITY #	EMPLOYEE ID #	BIRTHDATE (MO/DY/YR)
MAILING ADDRESS (Number, Street, City, State, ZIP)		DAYTIME PHONE ()	CAMPUS/LAB LOCATION

PRIMARY BENEFICIARY(IES)

If you specify shares, the total must equal 100%.

NAME (Last, First, Middle Initial)	SHARE (%)	BIRTHDATE (MO/DY/YR)	RELATIONSHIP
MAILING ADDRESS (Number, Street, City, State, ZIP)			SOCIAL SECURITY # OR TAX ID #
NAME (Last, First, Middle Initial)	SHARE (%)	BIRTHDATE (MO/DY/YR)	RELATIONSHIP
MAILING ADDRESS (Number, Street, City, State, ZIP)			SOCIAL SECURITY # OR TAX ID #

SECONDARY BENEFICIARY(IES)

If you specify shares, the total must equal 100%. Secondary beneficiaries are paid only if all primary beneficiaries are deceased.

NAME (Last, First, Middle Initial)	SHARE (%)	BIRTHDATE (MO/DY/YR)	RELATIONSHIP
MAILING ADDRESS (Number, Street, City, State, ZIP)			SOCIAL SECURITY # OR TAX ID #
NAME (Last, First, Middle Initial)	SHARE (%)	BIRTHDATE (MO/DY/YR)	RELATIONSHIP
MAILING ADDRESS (Number, Street, City, State, ZIP)			SOCIAL SECURITY # OR TAX ID #

REQUIRED SIGNATURE

I understand that:

- If I have named more than one beneficiary, benefits will be paid in equal shares unless I have specified otherwise.
- If all the beneficiaries listed above are deceased, benefits will be paid according to the provisions on the instruction sheet.
- This designation supersedes any previous designation.
- The University will require verification of death and identity of members and beneficiaries before paying benefits.
- Retirement plan assets and insurance benefits may be community property. If not named as my sole primary beneficiary, my spouse, if applicable, should participate in the decision of my designated beneficiary(ies) for my retirement and/or insurance plans.

EMPLOYEE SIGNATURE	DATE
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PRIVACY NOTIFICATIONS

STATE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves.

The principal purpose for requesting information on this form, including your Social Security number, is to verify your identity, and/or for benefits administration, and/or for federal and state income tax reporting. University policy and state and federal statutes authorize the maintenance of this information.

Furnishing all information requested on this form is mandatory. Failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be transmitted to the federal and state governments when required by law.

Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President Staff and Academic Personnel Offices.

The official responsible for maintaining the information contained on this form is the Vice President—University of California Human Resources, 1111 Franklin Street, Oakland, CA 94607-5200.

FEDERAL

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security number is mandatory. The University's record keeping system was established prior to January 1, 1975 under the authority of The Regents of the University of California under Article IX, Section 9 of the California Constitution. The principal uses of your Social Security number shall be for state tax and federal income tax (under Internal Revenue Code sections 6011, 6051 and 6059) reporting, and/or for benefits administration, and/or to verify your identity.