

# Request for Benefit Payment—Beneficiary

This form is to be used by the beneficiary of a deceased Plan participant to claim such participant's pension benefits. Each beneficiary should submit a separate claim.

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Government of the District of Columbia  
Office of Personnel  
613 G Street, N.W.  
Washington, D.C. 20001

## PART I—PARTICIPANT INFORMATION

1. Participant's Full Name (last, first, m.i.)	2. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Widow(er) <input type="checkbox"/> Divorced <input type="checkbox"/> Single	3. Participant's Social Security # — —
5. Participant's Last Address		4. Participant's Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
8. Agency Participant Last Worked for:		6. Participant's Birth Date
		7. Date of Participant's Death (attach a certified copy of the death certificate)

## PART II—BENEFICIARY INFORMATION

1. Beneficiary's Full Name (last, first, m.i.)	2. Beneficiary's Social Security # — —
4. Beneficiary's Address	3. Beneficiary's Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
	5. Beneficiary's Birthdate
6. Relationship to Deceased Participant	7. Percentage of Pension Benefits Claimed (if available, attach copy of Beneficiary Designation) <input type="checkbox"/> 100% <input type="checkbox"/> Other (please specify) _____
<b>If our records on file indicate a percentage other than the amount you have stated we will notify you in writing and provide appropriate documentation upon written request.</b>	
8. Are you aware of any outstanding court orders (e.g., divorce decrees) that would award some portion of these benefits to another person? <input type="checkbox"/> No <input type="checkbox"/> Yes (please explain) _____	
9. If the beneficiary is a minor (under 18 years old), provide the name, address, and phone number of the legal guardian of the beneficiary. (Attach a certified copy of the court order or other certified document awarding guardianship.) Name: _____ Address: _____ Phone Number: (work) _____ (home) _____	
10. I am applying for this beneficiary payment because: <input type="checkbox"/> I am the designated beneficiary of the deceased participant. <input type="checkbox"/> I am the next of kin of the deceased participant in accordance with the Order of Precedence.	

## PART III—ELECTION OF BENEFIT PAYMENT (initial on line before your choice and check appropriate box)

1. _____ Lump Sum Payment <input type="checkbox"/> Within 90 days after the end of the quarter of the death of the participant <input type="checkbox"/> During the quarter beginning (fill in the year) January 1, _____ April 1, _____ July 1, _____ October 1, _____	2. _____ Equal Monthly Installments* over (check one) <input type="checkbox"/> 3 year period <input type="checkbox"/> 5 year period <input type="checkbox"/> 10 year period Payments should commence (check one) <input type="checkbox"/> Within 90 days after the end of the quarter of the death of the participant <input type="checkbox"/> During the quarter beginning (fill in the year) Jan. 1, _____ July 1, _____ April 1, _____ Oct. 1, _____	3. _____ Equal Annual Installments* over (check one) <input type="checkbox"/> 3 year period <input type="checkbox"/> 5 year period <input type="checkbox"/> 10 year period Payments should commence (check one) <input type="checkbox"/> Within 90 days after the end of the quarter of the death of the participant <input type="checkbox"/> During the quarter beginning (fill in the year) Jan. 1, _____ July 1, _____ April 1, _____ Oct. 1, _____
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\*The participant's account value must exceed \$3,500 to elect Option 2 or Option 3.

## PART IV—ELECTION OF METHOD FOR BENEFIT PAYMENT:

- Electronic Funds Transfer (to my bank)  
 Check (mailed directly to me)

## PART V—CERTIFICATION

I certify that the above information provided is accurate to the best of my knowledge and represents my wishes for the method of distribution within the requirements of the D.C. Defined Contribution Pension Plan.

Beneficiary's or Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_