



MULTNOMAH COUNTY OREGON
DEFERRED COMPENSATION PLAN FOR
DESIGNATION OF BENEFICIARY/DISTRIBUTION TO BENEFICIARY FORM
FOR ADVANTIS CU PARTICIPANTS USE ONLY
ING participants call 1 800 584 6001 or log on to the ING Plan web site

Participant _____ Social Security No. _____

I hereby designate the following individual(s) as my beneficiary(ies) to receive in the proportions indicated any benefits with may become due or payable on or after my death under my Deferred Compensation Agreement.

Name of Beneficiary

Primary: _____

Address

Relationship	Percent
Birth Date	Social Security Number

Primary: _____

Address

Relationship	Percent
Birth Date	Social Security Number

The naming of contingent beneficiaries is optional. If you opt to name contingents, all associated information is required in order for this form to be properly executed.

Contingent: _____

Address

Relationship	Percent
Birth Date	Social Security Number

Contingent: _____

Address

Relationship	Percent
Birth Date	Social Security Number

Contingent: _____

Address

Relationship	Percent
Birth Date	Social Security Number

NOTE: I understand that if more than one primary beneficiary is named, payments will be split equally between the primary beneficiaries unless otherwise designated. The share of a primary beneficiary who predeceases the Participant will be paid to the remaining primary beneficiary(ies) unless a contingent beneficiary has been named to receive the benefits of that primary beneficiary. Benefits will be paid to a contingent beneficiary only if he/she survives both the Participant and the primary beneficiary. Upon the death of a beneficiary surviving the Participant, any unpaid balance of the beneficiary's share of the account shall be paid to such beneficiary's estate.

I hereby reserve the right to change or revoke this beneficiary designation without notice to any beneficiary. In the event that more than one Designation of Beneficiary is executed by me, the latest in time shall govern.

Participants Signature

Witness

Date

By signing, I (being at least 21 years of age and not a named Beneficiary) do hereby attest to witnessing the signature of Participant on the date so stated.

Return completed forms to:
Multnomah County Deferred Comp or Inter-office 503/400/DC or fax to 503 988 6939
501 SE Hawthorne Blvd Ste 400
Portland OR 97214