



**City of Bellevue  
Municipal Employees' Benefit Trust  
MEBT 401(k) Plan & MEBT II  
BENEFICIARY DESIGNATION FORM**

**Return this form to:**  
City of Bellevue  
Human Resources Dept  
PO Box 90012  
Bellevue, WA 98009

Use this form to designate a beneficiary for a new or existing MEBT (401(k)) Retirement Account or MEBT II.  
**Complete Section E Consent of Spouse on reverse side only if you are married and designating someone other than your spouse as your primary beneficiary.**

**Section A: PARTICIPANT INFORMATION**

Name (Last, First, Middle)	Social Security Number	Marital Status S <input type="checkbox"/> M <input type="checkbox"/>	
Permanent Address	City	State	Zip
Daytime phone no. ( )	Date Hired	Date of Birth	

**Section B: BENEFICIARY DESIGNATION)**

Pursuant to the provisions of the plan permitting the designation of a beneficiary or beneficiaries by a participant, I hereby designate the following person or persons (or trusts) as primary and secondary beneficiaries of my accrued benefit under the plan payable by reason of my death:

Please indicate Relationship Codes: **S** = Spouse, **C** = Child, **P** = Parent, **T**= Trust, **E** = Estate, **O** = Other

**Primary Beneficiary(ies)**

Name	Relationship	Street Address	City, State, Zip	Social Security #

**Secondary Beneficiary(ies)**


**Section C: PARTICIPANT AUTHORIZATION**

**I HEREBY REVOKE ALL PRIOR DESIGNATIONS (IF ANY) OF BENEFICIARIES AND RESERVE THE RIGHT TO REVOKE OR CHANGE ANY BENEFICIARY DESIGNATION.**

The trustee shall pay all sums payable under the plan by reason of my death: (1) to the primary beneficiary, if he or she survives me; (2) if no primary beneficiary shall survive me, then to the secondary beneficiary(ies); and (3) if no named beneficiary survives me, then the trustee shall pay all amounts in accordance with the provisions of the plan.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date of this designation

**Section D: HR/MEBT AUTHORIZATION** \_\_\_\_\_

