



Please return completed form to:
 GEBA, Inc.
 P.O. Box 206
 Annapolis Junction, MD 20701
 Or Fax: (301) 688-6694
 Or Email: geba@geba.com

FOR GEBA Use Only
 Date Received (mm/dd/yyyy)

Member Number

Supplemental Retirement Plan Designation of Beneficiary Form

General Information:

Applicant's Name (First, MI, Last)	Social Security No.	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street)	Date of Birth (mm/dd/yyyy)	Home Email Address
(City) (State) (ZIP)	Home Phone No.	Black/Non-Classified Phone No.

- Beneficiaries may be a person(s), estate, trust, or organization. If a trust is named, the legal documentation must be submitted with this form.
- If your primary beneficiary(ies) is(are) unable to accept the distribution, your contingent beneficiary(ies) will receive proceeds of the account.
- Please be sure that percentages listed in each beneficiary category add up to 100%. Use a separate sheet to list any additional beneficiaries. You must sign and date all attachments.

Account Information:

Which plan(s) do you want this designation of beneficiaries applied to? (Choose all that apply below.)

MetLife Variable Annuity	Stable Value Account
<input type="checkbox"/> IRA	<input type="checkbox"/> IRA
<input type="checkbox"/> Group Annuity	<input type="checkbox"/> Group Annuity
	<input type="checkbox"/> Roth IRA

At GEBA, there are no membership fees required to be a member. After enrolling into at least one of GEBA's insurance or investment plans, you are considered a GEBA member. Continuing to pay your premium for at least one plan allows you to remain a GEBA member in good standing.

Now your extended adult family members have access to select GEBA products and financial planning services. For more information, visit www.GEBA.com/Family

Primary Beneficiary:

First Name, MI, Last Name	DOB	SSN	Relationship	Street Address	City, State & ZIP	% of Benefit
TOTAL:						100%

Secondary Beneficiary:

First Name, MI, Last Name	DOB	SSN	Relationship	Street Address	City, State & ZIP	% of Benefit
TOTAL:						100%

*Attach a separate sheet of paper to designate additional beneficiaries. Attachments must be signed and dated.

Signature: _____ Date: _____