

**RE: KING COUNTY DEFERRED COMPENSATION PLAN
BENEFICIARY LETTER OF INSTRUCTION**

Dear Participant:

In response to your request for a beneficiary activity packet from the King County Deferred Compensation Plan, enclosed are a copy of a *Designation of Beneficiary Form* and a return envelope.

Please return the form in the enclosed envelope to:

Regular Mail

T. Rowe Price Retirement Plan Services
Special Attn.: Forms Enclosed
P.O. Box 17215
Baltimore, Maryland 21297-1215

Overnight Mail

T. Rowe Price Retirement Plan Services
Mail Code: 17215
4515 Painters Mill Road
Owings Mills, Maryland 21117-4903

If you have any questions, please contact a Plan Account Line representative at 1-888-457-5770.

Sincerely,

T. Rowe Price Retirement Plan Service

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**King County Deferred Compensation Plan
Designation of Beneficiary Form**

Participant Information
(Please print clearly)

Name _____ Social Security Number _____
E-mail Address _____ Daytime Phone Number _____

Present Marital Status
(Check one)

Single Married Domestic Partner

Beneficiary Designation

I, the undersigned, hereby elect that upon my death the following person(s) shall be my primary and secondary beneficiary(ies) under the plan:

Primary Beneficiary(ies)

_____	_____	_____	_____	_____	_____
Last Name	First	M.I.	Last Name	First	M.I.
_____			_____		
Social Security Number			Social Security Number		
_____			_____		
Street Address			Street Address		
_____			_____		
_____	_____	_____	_____	_____	_____
City	State	ZIP Code	City	State	ZIP Code
_____			_____		
Birth Date	Relationship		Birth Date	Relationship	
_____	_____		_____	_____	
Percent			Percent		
_____			_____		

If you name more than one primary beneficiary but do not specify a percentage for each, your account will be divided equally among the primary beneficiaries who survive you. Check here if you have more than two primary beneficiaries and have used the space on the next page.

Secondary Beneficiary(ies)

In the event the primary beneficiary(ies) is/are not living, I designate the following person(s) as my beneficiary(ies):

_____	_____	_____	_____	_____	_____
Last Name	First	M.I.	Last Name	First	M.I.
_____			_____		
Social Security Number			Social Security Number		
_____			_____		
Street Address			Street Address		
_____			_____		
_____	_____	_____	_____	_____	_____
City	State	ZIP Code	City	State	ZIP Code
_____			_____		
Birth Date	Relationship		Birth Date	Relationship	
_____	_____		_____	_____	
Percent			Percent		
_____			_____		

If you name more than one secondary beneficiary but do not specify a percentage for each, your account will be divided equally among the secondary beneficiaries who survive you. Check here if you have more than two secondary beneficiaries and have used the space on the next page.

Participant's Signature

Any election I have made on this form revokes all prior designations with respect to this Plan.

_____ Date _____ Participant's Signature



RBAR03250934

**King County Deferred Compensation Plan
Designation of Beneficiary Form**

Consent of Spouse

I, _____, am the spouse of the Participant named on this form. I understand that I have the right to receive my spouse's entire vested account in the plan after my spouse dies. I hereby waive that right and permit my spouse's plan account to be paid to the beneficiary(ies) designated by my spouse on this form. However, I do not consent to any changes in the beneficiary(ies) unless I agree to the change. By signing this consent, I understand that I will receive no benefits from the plan after my spouse dies unless I am designated as a primary beneficiary on this form. I understand that I do not have to sign this consent, but do so voluntarily. I also understand that I cannot revoke my consent to the beneficiary(ies) designated on this form.

Date Spouse's Signature (must be notarized)

**Notarization of Spouse's
Signature**

State of _____ County of (or City of) _____

Sworn to before me this _____ day of _____, _____

Signature of Notary Public

Date

(Notary Seal)

Name of Notary Public

My Commission Expires

Additional Beneficiaries

**Additional Primary
Beneficiary(ies)**

Last Name First M.I.

Last Name First M.I.

Social Security Number

Social Security Number

Street Address

Street Address

City State ZIP Code

City State ZIP Code

Birth Date Relationship

Birth Date Relationship

Percent

Percent

**Additional Secondary
Beneficiary(ies)**

Last Name First M.I.

Last Name First M.I.

Social Security Number

Social Security Number

Street Address

Street Address

City State ZIP Code

City State ZIP Code

Birth Date Relationship

Birth Date Relationship

Percent

Percent

**Please send completed
form to:**

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