

Government of Guam Retirement Fund  
424 Route 8, Maite, Guam 96910  
Tel: 671.475.8900 / 8901  
Fax: 671.475.8922

January 30, 2007

**Re: Defined Contribution Plan – Survivor Death Benefit  
New Beneficiary Forms**

Dear Participant:

This letter contains important information regarding the death benefits payable under the Defined Contribution Retirement System (the “Defined Contribution Plan”). A new Beneficiary Designation form is required for the survivor death benefit payable under an insured Group Survivor Death Insurance Policy (the “Survivor Policy”) owned by the Board of Trustees of the Government of Guam Retirement Fund (the “Board”). The Beneficiary Designation form must be signed in front of an authorized representative. **Please stop by the Great-West Retirement Services office located on the 2<sup>nd</sup> floor of the GovGuam Retirement Fund building to complete this form.**

**This letter describes changes in the law with respect to your benefits and describes what will happen upon your death if you do not complete and submit the new Beneficiary Designation Forms.**

Changes in the Law. In 2002, the pre-retirement insured Group Long Term Disability Policy (the “LTD Policy”) and Survivor Policy were separated from the retirement benefits under the Defined Contribution Plan. The LTD Policy and the Survivor Policy are now separate “welfare” benefits available to Defined Contribution Plan participants under new Article 4, Chapter 8, Title 4 of the Guam Code Annotated.

New Beneficiary Forms. Effective September 1, 2003, there will be two beneficiary designation forms for death benefits payable under the Survivor Policy and the Defined Contribution Plan. One form is for your account balance in the Defined Contribution Plan. The other is for the death benefit payable under the Survivor Policy. No designation form is necessary for the death benefit provided to an eligible survivor of a deceased LTD claimant under the LTD Policy.

Beneficiary of Your Account Balance. **If you are legally married at the time of your death, your surviving legal spouse automatically will be the beneficiary of your account balance, unless your surviving legal spouse has consented to your naming another beneficiary on an approved form.** Your spouse’s signature consenting to the designation of a beneficiary other than your spouse must be notarized. Notwithstanding any previous

communication, the determination of the beneficiary of your account balance and of the rights of your spouse are made at the time of your death. Even if you are not married now, if you are married at the time of your death, your surviving spouse will be the beneficiary of your account balance, unless your spouse has consented to your naming someone else as beneficiary of your account balance. **Your surviving legal spouse will be the beneficiary of your account balance unless, at the time of your death, you have named someone other than your spouse as beneficiary on an approved form filed with the Plan and your surviving spouse has consented to such designation.**

Beneficiary of Your Insured Survivor Death Benefit. You may designate anyone you choose to be beneficiary of the benefit under the Survivor Policy. You do not have to obtain your spouse's consent. However, **if you do not complete and submit a beneficiary designation form, your surviving legal spouse will be the beneficiary of your insured survivor death benefit under the terms of the policy and will receive the survivor death benefit thereunder.**

Beneficiary of Death Benefit Associated with LTD Policy. The LTD Policy is a wage-replacement benefit. Upon the death of a disability claimant, a survivor death benefit is provided under the terms of the insurance policy. The insurance company makes the determination as to whom it is payable at the time of the disability claimant's death among the eligible recipients identified in the LTD Policy. Generally, it is paid to the person who is most dependent on the claimant for support at the time of the claimant's death.

If you have any questions, please contact Great-West Retirement Services at 671.475.8945/57.

Sincerely,

/s/ PAULA M. BLAS  
Director

**Mark all boxes and complete all sections that apply. Return completed form to your Human Resources Department.**

<b>APPLICANT</b>	Your Name (Last, First, Middle)		Group Name <b>Board of Trustees of the Government of Guam Retirement Fund</b>		Group Number(s) <b>632703</b>	
	Your Address		City		State	ZIP
	Your Soc. Sec. No.	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female		Job Title/Occupation	
<b>LIFE</b>	Check with your Human Resources Department about coverage options available to you and Evidence Of Insurability requirements. <b>Life Insurance</b> <input checked="" type="checkbox"/> Life Employer Paid					
	This designation applies to Life Insurance available through your Employer, if any. Designations are not valid unless signed, dated, and delivered to the Employer during your lifetime. See page 2 for further information.					
<b>BENEFICIARY</b>	Primary - Full Name		Address		Soc. Sec. No.	Relationship % of Benefit
	Contingent - Full Name		Address		Soc. Sec. No.	Relationship % of Benefit
<b>CHANGE</b>	Use this section only when you wish to make a change after insurance becomes effective. Complete all boxes and sections that apply.					
	<input type="checkbox"/> Add Dependent <input type="checkbox"/> Delete Dependent		<input type="checkbox"/> Name Change		<input type="checkbox"/> Beneficiary Change	
<b>SIGNATURE</b>	I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.					
	Member/Employee Signature Required				Date (Mo/Day/Yr)	
<b>Human Resources Department – Complete this section. Retain form for your records.</b>						
Division ID	Billing Category	Date of Hire or Rehire	Hours Worked Per Week	Earnings \$	Per: <input type="checkbox"/> Hour <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr	

## Beneficiary Information

- Your designation revokes all prior designations.
- Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).
- If you name two or more Beneficiaries in a class:
  1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
  2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
  3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.
- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated \_\_\_\_\_."
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have any questions, consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.