



Inter-American Development Bank

DESIGNATION OF BENEFICIARY IN CASE OF NON-SURVIVAL OF QUALIFIED SPOUSE
(IDB Local Staff Retirement Plan)

Full Name of Participant:	Date of Birth (MM/DD/YY):	Civil Status:	Sex:	Employee No.:
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Revoking all previous designations, if any, made by me under the Staff Retirement Plan of the Inter-American Development Bank, I hereby designate the following as my beneficiary or beneficiaries to receive, when they shall become payable under the Plan, all amounts which may become payable under Section 4.5 (f) of the Plan on account of my death (except any pension, or children's benefits, which may become payable pursuant to Section 4.5 (d) of the Plan and except as may be otherwise expressly provided in the Plan) in the event that I am not survived by a spouse or (she/he) ceases to qualify for a pension or dies before exhaustion of the rights under said Section 4.5 (f).

(Please fill information with full name of beneficiary(ies), date of birth, Social Security Number, address of each, relationship to participant, if any, and manner of sharing if more than one beneficiary. In case of a trust, please provide the following information: name, date and place of the trust instrument; name and holder of the trust account; full name and address of the executors including successors; and federal trust identification number).

I hereby authorize the Bank in the event of my death to make payment to the beneficiary or beneficiaries designated above and agree on behalf of myself and my heirs, administrators and representatives, and all persons claiming by, through, or under me, that payments of any such amounts to such beneficiary or beneficiaries shall be a complete discharge and release of the Bank and the Plan for and to the extent of the amount so paid.

If any individual beneficiary designated hereby or pursuant hereto shall not be living when any such amounts would otherwise become owing to him/her and if no other beneficiary shall have been designated hereby or pursuant hereto to receive the same under such circumstances, then such part or all of such amounts not so provided for shall be paid to my state. I reserve the right to change or revoke the above designation.

Dated at _____ on the ____ day of _____ 19 ____
(Place)

Signed: _____

Witnesses' signatures (two):

_____	_____
Print name and last name	Address
_____	_____
Print name and last name	Address