



DESIGNATION OF BENEFICIARY FORM

B1

To be completed and submitted by Participant upon enrollment or to change a previous designation.

I. Participant Information

Check One: Initial Designation Revised Designation

Name (First _____ Middle _____ Last _____)	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Social Security Number
Address (Street) _____	Date of Birth: _____ Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
	Month/Day/Year
(City _____ State _____ Zip Code _____)	(area code) _____ (area code) _____
	Home Phone Number Work Phone Number
	(area code) _____ _____
	Cell Phone Number Email

II. Marital Status Information

The **Retirement Equity Act of 1984** requires you to provide information about your marital status. Be sure to keep the Fund advised about changes in your marital status. Change in your marital status may affect this Beneficiary Designation, which is on file in the Fund Office.

- Not Married – (Check here if single, widowed or divorced). You may designate one or more beneficiaries to receive any Pre-Retirement Death Benefit in Section III.
- Married – Your spouse is automatically entitled to 100% of your Pre-Retirement Death Benefit. If you wish to elect a spousal waiver, please see page 2.

Spouse's Name (First _____ Middle _____ Last _____)	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Spouse's Social Security Number
Address (Street) _____	Date of Birth: _____ Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
	Month/Day/Year
(City _____ State _____ Zip Code _____)	(area code) _____ (area code) _____
	Home Phone Number Work Phone Number

III. Designation of Beneficiary

My designated beneficiary (ies) who is (are) eligible to receive any Pre-Retirement Death Benefit payable on my behalf is/are:

Name _____
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Percentage %
Relationship _____
Address _____

Date of Birth _____ Phone # _____
Social Security Number _____

Name _____
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent <input type="checkbox"/> Percentage %
Relationship _____
Address _____

Date of Birth _____ Phone # _____
Social Security Number _____

Important:

If more than one beneficiary has been designated, the Fund will assume that these individuals are to share equally with the last survivor receiving 100% of the benefits which may be payable. If you need to elect additional beneficiaries, please turn to page 2, Section IV.

If you wish to name a second person to receive the death benefit in case the first person predeceases you, you must specify after the names "primary" and "contingent".

If a minor is named and if at the time of your death she or he is still a minor, a guardian or other fiduciary must be appointed by a Court and a Court Order or Certificate evidencing such appointment must be submitted to the Fund before the benefit can be paid to the fiduciary. This can be time-consuming and costly to the beneficiary.

If no beneficiary is named, if all of the designated beneficiaries predecease you, or if your designation of beneficiary is ineffective, any benefit payable upon your death will be payable to your spouse. If no spouse survives you, it will be paid to your estate.

If you wish to name your estate, write in the words "my estate."

If your benefit becomes payable to your estate, the Fund will secure a copy of the Court Order or Certificate authorizing a fiduciary to act on behalf of your estate and the benefit will be paid to such fiduciary.

If you wish to change your beneficiary, you can download a form from our website. It is your responsibility to keep your designation up-to-date.

IV. Additional Designation of Beneficiary

Use this Section if additional designations of beneficiary are needed.

Name _____
___ Primary ___ Contingent ___ Percentage %
Relationship _____
Address _____

Date of Birth _____ Phone # _____
Social Security Number _____

Name _____
___ Primary ___ Contingent ___ Percentage %
Relationship _____
Address _____

Date of Birth _____ Phone # _____
Social Security Number _____

V. Signature of Participant

I hereby certify that the information provided on this form is accurate as of the date of my signature and that it reflects my wishes with respect to any Pre-Retirement Death Benefit payable if I die while a Participant of the Fund.

Signature _____ Date _____

To be completed by Married Participant and Spouse Only If Electing a Spousal Waiver

I understand that, beginning with the January 1 of the year in which I become age 35, I may elect to waive the Pre-Retirement Death Benefit to which my spouse would automatically be entitled. (Plan year begins January 1 and ends December 31)

I understand that this election will be valid only if my spouse consents by signing the form and that such an election may be revoked by me if I file a revised Designation of Beneficiary (B1) form to the Fund.

I understand that if I have elected to waive and my spouse has duly consented, I may designate one or more beneficiaries to receive any Pre-Retirement Death Benefit which becomes payable.

My signature certifies the following:

I am married and I am age 35 or will become age 35 before the next December 31.

I hereby elect to waive the Pre-Retirement Death Benefit which is automatically payable to my surviving spouse.

I understand that this election will not be valid unless my spouse consents by completing the Section below. I further understand that any such spousal consent will be effective at the time of my death only if it has been signed by the person who is my spouse at the time of my death.

► **Signature of Participant** _____ Date: _____

Spouse must complete section below if waiver has been elected above.
Signature of spouse must be witnessed by a Notary Public.

Name of Spouse _____ Social Security Number _____

I hereby consent to my spouse's election to waive the Pre-Retirement Death Benefit to which I would automatically be entitled, as described above, and I also consent to my spouse's Designation on Section III.

► **Signature of Spouse** _____ Date _____

TO BE COMPLETED BY NOTARY PUBLIC

State of _____ County of _____
On this _____ day of _____, 20____ personally appeared before me the said _____
_____, to me known to be the individual described in and who executed the foregoing instrument, who true to
the best of her or his knowledge and belief.

NOTARY PUBLIC _____
Sign and Certify with Stamp or Seal