

**BENEFICIARY FORM**

Account Number: **51069-1-1**

Member's Name

First

Middle Initial

Last

Social Security Number

Local 597 Union Card Number

Address

Street

City

State

Zip Code

Phone Number

E-Mail Address

**BENEFICIARY DESIGNATION (Check one box only)**

**Spouse Primary Beneficiary:** I would like my spouse to receive my entire balance at my death.

Spouse's Name:

Spouse's Social Security #:

Spouse's Date of Birth:

**Non-Spouse or Multiple Primary Beneficiaries:** I would like the following person(s) to receive my account balance upon my death: (If division is other than equal shares, write in percentages).

Name	Relationship	Percent
Address		
Name	Relationship	Percent
Address		
Name	Relationship	Percent
Address		
Name	Relationship	Percent
Address		
Name	Relationship	Percent
Address		

**If you are married and you have NOT elected your spouse as primary beneficiary, please have your spouse provide consent below.**

**SPOUSAL CONSENT:** I understand that I have a legal right to a death benefit equal to the participant's entire account balance. I consent to waive that legal right in accordance with the beneficiary designation set forth above. I further understand and acknowledge that if I sign this form, no death benefit will be payable to me except as provided above. I acknowledge that I have a right to limit my consent only to a specific beneficiary and that I voluntarily elect to relinquish such right.

Spouse's Signature

Date

Notary Public's Signature

Date Commission Expires

**PARTICIPANT SIGNATURE:** I, the participant, certify that the above information is correct and I understand this beneficiary designation supersedes any previous designation.

Participant Signature

Date

**ADMINISTRATOR SIGNATURE:** I, the plan administrator, certify that the above information is correct, and if a married participant has designated a non-spouse beneficiary, and the Spouse's signature has not been witnessed by a Notary Public, I also certify that I have witnessed the spouse's signature above agreeing to the designation.

Plan Administrator Signature

Date