

PARTICIPANT INFORMATION CHANGE

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

Member's Name

First Middle Initial Last
Social Security Number Local 597 Union Card Number

New Address

Street City State Zip Code

Phone Number

E-Mail Address

Member's Name

From First Middle Initial Last

To First Middle Initial Last

Marital Status Change - Changed to Married Single or Legally Separated

BENEFICIARY DESIGNATION CHANGE (This designation supersedes any prior designation)

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 | | |
| _____ Address | | |
| _____ Address | | |
| _____ Address | | |
| _____ 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.

Participant Signature _____ Date _____

ADMINISTRATOR SIGNATURE:

Plan Administrator Signature _____ Date _____