

Tuckpointers Local 52 Benefit Funds Pension Plan

Beneficiary Designation Form

You may designate any person you wish as your designated beneficiary and you may change your designation at any time by filing a new form with the Fund Office. If you fail to file a copy of this form with the Fund Office, or, if all of your designated beneficiaries precede you in death, your benefits will be paid to the member or members of the first category listed below of persons that are still living upon your death:

- your legal spouse;
- your children, in equal shares;
- the executor or administrator of your estate.

Make sure you complete each section, sign, and date this form. When completed, please return it to the Fund Office. This designation will be effective on the date received by the Fund Office.

If you would like help in preparing this Beneficiary Designation form, please call the Fund Office at (630) 516-8008 for assistance.

PLEASE read all instructions carefully and **PRINT** the information requested. Be sure to sign and date the form and return it to the Fund Office. If you need assistance in completing this form, contact the Fund Office at (630) 516-8008.

Participant Information

Participant's Name: _____
Last First Middle

Address: _____
Street Address City State Zip Code

Home Phone #: (_____) _____ Social Security #: _____ Date of Birth: _____

Marital Status (Check One):

_____ Single/Not married (if you later marry, your new spouse is automatically your primary beneficiary unless you complete a new form)

_____ Married (if naming anyone other than your spouse as a primary beneficiary, your spouse must complete and sign the *Spousal Waiver*)

_____ Divorced

_____ Widow/Widower

Please note: If you marry and later divorce, the designation of your former spouse as beneficiary will be nullified at the time the divorce is final unless a QDRO or divorce decree states otherwise. If the designation is nullified, any benefit that may become payable upon your death following the divorce will be paid to your children or, if none, to your estate or the administrator of your estate, unless you submit a new Beneficiary Designation form to the Fund Office.

Primary Beneficiary(ies)

I, the undersigned, revoke any and all prior beneficiary designations made by me with respect to the Tuckpointers Pension Plan and direct that any benefits payable under the Plan upon my death be paid to the following primary beneficiary for the percentage indicated (or equally to the following primary beneficiaries if no percentage is indicated):

Name: _____ Percentage: _____

Relationship: _____ Date of Birth: _____ Social Security #: _____

Address: _____

Name: _____ Percentage: _____

Relationship: _____ Date of Birth: _____ Social Security #: _____

Address: _____

Name: _____ Percentage: _____

Relationship: _____ Date of Birth: _____ Social Security #: _____

Address: _____

Secondary Beneficiary(ies)

If all the above-named beneficiaries die before the full amount of my benefits, if any, has been paid, I direct that my entire remaining interest in the Fund be paid to the following secondary beneficiary for the percentage indicated (or equally to the following secondary beneficiaries if no percentage is indicated):

Name: _____ Percentage: _____

Relationship: _____ Date of Birth: _____ Social Security #: _____

Address: _____

Name: _____ Percentage: _____

Relationship: _____ Date of Birth: _____ Social Security #: _____

Address: _____

Name: _____ Percentage: _____

Relationship: _____ Date of Birth: _____ Social Security #: _____

Address: _____

Certification

I understand that if I am married, my spouse **must** consent in writing on the *Spousal Acknowledgement/Waiver* portion of this form, to my designation of another beneficiary. If I am presently unmarried ("unmarried" means I have never been married, or, if I was once married, I am not currently married because my marriage has been legally dissolved or because my spouse has died), no such spousal consent is necessary.

The above designation will become effective without further notice upon the Plan's receipt of this form before my death and, if necessary, with the written consent of my spouse, and is subject to all of the terms and conditions of the Fund and its governing documents.

Participant's Signature: _____ Date: _____

Spousal Acknowledgement/Waiver

Your spouse must complete this section if you are married and are designating someone other than your spouse as your primary beneficiary.

I, the undersigned spouse of the above-named participant in the Tuckpointers Local 52 Pension Plan, swear that I am the legal spouse of the participant. I understand that I have the right to withhold my consent, without which my spouse may not designate someone else as my spouse's primary beneficiary. I voluntarily relinquish the right to these benefits. I have read the information from the Plan about my benefits and benefit payment options and understand my rights and that by signing below I am giving up my right to this and any other survivor benefit payable under the Plan. I voluntarily consent to the designation of the beneficiary named on this form. I understand that my spouse is not able to change the designated beneficiary to anyone other than myself without my consent.

Spouse's Name: _____
Last First Middle

Spouse's Signature: _____ Date: _____

Plan Representative's Signature: _____ Date: _____

If not signed in the presence of a Plan Representative, the spouse's signature must be notarized.

Notarization

State of: _____ County of: _____

On _____ (date), _____ (Representative's Name), executed the foregoing statements and duly acknowledged to me that he/she executed the same.

Notary Public's Signature: _____ Date: _____

Commission Expires: _____ (Seal)

Date Received by Fund Office (For Fund Office Use Only): _____