

U. A. Locals No. 375 and 367 Supplemental Pension Trust

Designation of Beneficiary Form

Form with fields for Last Name, First Name, Middle Initial, and Social Security Number.

IMPORTANT: Before completing this form, please read the instructions and Surviving Spouse Information on the reverse side. In the event of my death while a participant in the U. A. Locals No. 375 and 367 Supplemental Pension Trust. I hereby designate the following as Beneficiary(ies) of my death benefits:

1. DESIGNATE YOUR PRIMARY BENEFICIARY(IES) - If you have more than two beneficiaries, attach an additional sheet.

MARTIAL STATUS (check one): [ ] Single OR [ ] Married

1) Relationship: \_\_\_\_\_

Form with fields for Last Name, First Name, Middle Initial, Social Security Number, Street, Date of Birth, City, State, Zip, and Enter %.

2) Relationship: \_\_\_\_\_

Form with fields for Last Name, First Name, Middle Initial, Social Security Number, Street, Date of Birth, City, State, Zip, and Enter %.

2. DESIGNATE YOUR SECONDARY BENEFICIARY(IES) - If you have more than two beneficiaries, attach an additional sheet.

1) Relationship: \_\_\_\_\_

Form with fields for Last Name, First Name, Middle Initial, Social Security Number, Street, Date of Birth, City, State, Zip, and Enter %.

2) Relationship: \_\_\_\_\_

Form with fields for Last Name, First Name, Middle Initial, Social Security Number, Street, Date of Birth, City, State, Zip, and Enter %.

Unless I have entered specific percentages, payment should be made in equal shares to any Primary Beneficiary(ies) who survive(s) me by at least 30 days. If no Primary Beneficiary(ies) survive(s) me by at least 30 days, payment should be made in equal shares to the Secondary Beneficiary(ies) who survive(s) me by at least 30 days. If none of the beneficiary(ies) named by me survive(s) me by at least 30 days, the death benefits should be paid in the manner provided in the Plan or, if there is no applicable Plan provision, to my estate.

Effective on the date this designation of beneficiary(ies) is received by the Plan Administrator, it supersedes and cancels all previous designations of beneficiaries made by me under the Plan. I reserve the right to change this designation at any time by filing a new designation. I understand that the designation of a Primary Beneficiary who is other than my spouse is null and void (and that death benefits will be paid to my spouse) unless my spouse consents to the designation by signing below.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

3. SPOUSAL SIGNATURE - Necessary only if you are married and your spouse is not the Primary Beneficiary or there are multiple Primary Beneficiaries. If the signature of your spouse is required, his or her signature must be acknowledged by the Plan Administrator or Notary Public.

Signature of Participant's Spouse \_\_\_\_\_ Date \_\_\_\_\_

The Signature of Spouse was acknowledged before me on \_\_\_\_\_, 20\_\_\_\_\_.

Plan Administrator or Notary Public
State of: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

4. RETURN YOUR COMPLETED FORM - Please keep a copy of this form for your records and send the original form to:

Labor Trust Services
PO Box 93870
Anchorage, AK 99509-3870

## INSTRUCTIONS

1. You have the right to change your beneficiary designation at any time by filing a new Designation of Beneficiary Form.
2. Type or print in ink. If a mistake is made, do not erase or correct - use a new form. All signatures must be in ink.
3. The name and relationship of the beneficiary to you should be stated: "Jane A. Doe, Wife", "John B. Doe, Son", etc.
4. Use the full given name upon designating a married woman as beneficiary: "Jane A. Doe", not "Mrs. John Q. Doe."
5. When beneficiary is not related, state relationship as "non-relative."
6. If any of the information changes, you should promptly notify the Plan Administrator in writing.
7. If more room is needed, attach additional sheets and include all requested information.

## SOME SAMPLES OF BENEFICIARY DESIGNATIONS

Beneficiary	Sample Wording
(a) You may designate one beneficiary	<b>Primary:</b> Jane E. Doe, Wife
(b) You may designate two or more beneficiaries. Unless otherwise specified, benefits will be paid share and share alike or to all surviving beneficiaries designated.	<b>Primary:</b> John E. Doe, Son <b>Primary:</b> Mary C. Doe, Daughter
(c) You may designate a secondary beneficiary or beneficiaries to receive the benefit if your primary beneficiary does not survive you by at least 30 days.	<b>Primary:</b> Jane E. Doe, Wife <b>Secondary:</b> John E. Doe, Son <b>Secondary:</b> Mary C. Doe, Daughter
(d) You may designate a Trustee	<b>Primary:</b> Thomas A. Smith and Harvey W. Jones (or name of bank), or their successors, Trustees for the benefit of Jane E. Doe under Agreement dated 1/6/94
(e) You may designate a testamentary trust	<b>Primary:</b> Testamentary Trust under last Will of Employee OR Thomas A. Smith, Trustee of the Testamentary Trust under Will of Employee dated 1/6/94

## SURVIVING SPOUSE INFORMATION

If you are married, upon your death prior to receiving your benefits from the Plan, your spouse will be entitled to receive the balance of your Account unless you have designated a beneficiary other than your spouse and your spouse has consented to that designation.

If you are single at the time you designate a beneficiary and you subsequently marry, the designation of beneficiary you made when you were single will become null and void on the date of your marriage. Upon your death, your spouse will be entitled to receive the balance of your Account unless you have completed a new Designation of Beneficiary Form designating a beneficiary other than your spouse and your spouse has consented to that designation.

If you are married and you complete a Designation of Beneficiary Form prior to the first day of the plan year in which you attain age 35, it will become null and void as of that date. Upon your death, your spouse will be entitled to receive the balance of your Account unless you have completed a new Designation of Beneficiary Form designating a beneficiary other than your spouse and your spouse has consented to that designation.

Upon your death, your spouse (or your beneficiary if you have designated a beneficiary other than your spouse and your spouse has consented to such designation) will be entitled to receive payment of the entire balance of your Account and may select from among several alternative forms of payment including a lump-sum payment and a life annuity. Under a life annuity, your spouse (or other beneficiary) will receive a monthly benefit commencing at age 65 and payable for life. Your spouse (or other beneficiary) may elect for monthly benefit payments to begin prior to age 65.

**NOTE: You must complete a new Designation of Beneficiary Form if your marital status changes.**