



ANNUITY FUND BENEFICIARY DESIGNATION FORM

Participant Name _____

Social Security Number _____

Marital Status: Single Married Widowed Divorced

Before completing this document, please read the following:

1. If you are married and have not designated your spouse as your sole primary beneficiary (Read: 100%), your designation of beneficiary will not be effective unless consented to by your spouse and his or her signature notarized. If you are not married at the date you sign this document, but subsequently become married, your designation of beneficiary shall cease to be effective upon the date of your marriage. Upon notification to the Fund of the change of marital status you should request a new beneficiary form.
2. If you wish to designate more than one primary beneficiary, the percentages must add up to 100%. Please check the item marked "multiple primary beneficiaries" and then add the additional names (including address, date of birth, SSN and percentage bequeathed) on an attached sheet. If your primary beneficiary does not survive you, the percentage of that beneficiary share shall be divided among the surviving primary beneficiary(ies).
3. Review your beneficiary form upon birth, death, marriage, divorce or other life events. If you should designate your spouse on this form, and your marriage is subsequently dissolved, this designation will continue in effect until you change it. If thereafter, you should remarry, and do not change your beneficiary designation, upon your death, your Annuity monies will be divided 50/50 between your spouse and ex-spouse.
4. The Annuity Fund will provide you with signed confirmation attesting to the receipt of this document. If you do not receive this verification, it means the Annuity Fund never received your Annuity Fund Beneficiary Form.

Members/Participant Affidavit

I certify to the Board of Trustees that I am of sound mind and competent to execute this form. I understand that if there should exist any previous designation of beneficiaries, those elections will become null and void upon receipt of this document at the Fund Office at any time prior to my death.

Signature _____ Date _____

Witness _____ Date _____

Spousal Consent

I hereby consent to my spouse's designation(s) listed on page 4. I understand that my spouse cannot change any primary beneficiary in the future without my written consent.

Signature of Participant's Spouse _____

Date _____

Witnessed By Notary Public: State of _____, County of _____. On this, the ____ day of _____, 20 _____, before me personally appeared

_____ known (or satisfactorily proven) to me to be the person who executed the foregoing Spousal Consent and acknowledge that he or she executed the same as his or her free act and deed. In witness whereof, I here unto set my hand and official seal.

Signature: _____

Seal

My Commission Expires _____/_____/_____





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Designation of Primary Beneficiary:

Multiple Primary Beneficiary

1. Name of Beneficiary			Relationship	
Street Address			Date of Birth	Percentage
City	State	Zip	Social Security Number (must have in order to process)	

2. Name of Beneficiary			Relationship	
Street Address			Date of Birth	Percentage
City	State	Zip	Social Security Number (must have in order to process)	

3. Name of Beneficiary			Relationship	
Street Address			Date of Birth	Percentage
City	State	Zip	Social Security Number (must have in order to process)	

4. Name of Beneficiary			Relationship	
Street Address			Date of Birth	Percentage
City	State	Zip	Social Security Number (must have in order to process)	

TOTAL: 100%



You need to provide information on both pages of this form



For Office Use Only

Date Received: _____ Date Entered: _____

Name of Individual Entering Information: _____

Date Mailed Back to Participant: _____

Welfare Fund Form Deemed Complete Incomplete

Annuity Fund Form Deemed Complete Incomplete

Original Welfare Form & Annuity Form enclosed: Yes No

Comments: _____

Signed: _____ Date: _____

