

**NW Ohio Carpenters, Millwrights and Pile Drivers Supplemental Pension Plan
Beneficiary Designation Form**

Mail To: PO Box 1298, Maumee, OH 43537

Phone: (419) 248-2401

A. PRIMARY BENEFICIARY

I, _____, request that any pre-retirement death benefit payable from the NW Ohio Carpenters, Millwrights and Pile Drivers Supplemental Pension Plan be paid to my primary beneficiary, who (check one, and complete as appropriate):

my spouse, _____ (“Spouse” means person to whom you are married at death. Side 2 does not have to be completed if you name your spouse as primary beneficiary.)

OR

The following person if he or she survives me *: _____

B. CONTINGENT BENEFICIARY

If my primary beneficiary does not survive me, pay the pre-retirement death benefit to my contingent beneficiary as follows:

Name

Relationship

If no primary beneficiary survives me, or if the primary beneficiary dies before the entire death benefit is paid, pay the benefit to my contingent beneficiary who is surviving at the later of the date of death of (1) myself, (2) the primary beneficiary.

This revokes any previous beneficiary designations I have made for the Plan.

Witness:

Signature of Witness
(Witness cannot be listed as Beneficiary)

Signature of Participant **Date**

Social Security Number

Address **Street**

City **State** **Zip**

*Note: Under Federal Law, your beneficiary must be your surviving spouse, unless your surviving spouse has agreed in writing that someone else will be your beneficiary. If you are married and you designate a beneficiary other than your spouse, the spousal consent form on the reverse side must be signed and notarized.

