

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

Mail To: PO Box 1330, Holland, Ohio 43528

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.

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

Witness:

Signature of Witness

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.

Spousal Consent
NW Ohio Carpenters, Millwrights and Pile Drivers Supplemental Pension Plan

I, _____, hereby state as follows:

- (1) I am the legal spouse of _____
Name of participant
- (2) I have read the beneficiary designation form signed on _____ by my spouse on the other side of this form wherein my spouse names another beneficiary to receive the pre-retirement death benefit from the NW Ohio Carpenters, Millwrights and Pile Drivers Supplemental Pension Plan
- (3) I have had the opportunity to ask questions I felt were appropriate of my advisors, including advisors not related to the Plan.
- (4) I agree that the pre-retirement death benefit from the NW Ohio Carpenters, Millwrights and Pile Drivers Supplemental Pension Plan will be paid to someone other than myself in accordance with the beneficiary designation on the other side of this form when my spouse dies.
- (5) I understand that by signing this document, I will receive no benefits from NW Ohio Carpenters, Millwrights and Pile Drivers Supplemental Pension Plan when my spouse dies.
- (6) I understand that the payment of any pre-retirement death benefit is subject to the provisions of the Plan.

Witness:

Notary Public

Signature

Date

The following acknowledgement must be completed by the notary public.

State of _____)
) SS:
County of _____)

The foregoing instrument was acknowledged before me this _____ day of _____
20___, by _____.

Notary Public