

RETIREMENT PLAN BENEFICIARY DESIGNATION

SIGN, PICTORIAL AND DISPLAY UNION LOCAL 591 AFL-CIO DISPLAY SUPPLEMENTAL PENSION FUND PLAN

Member Name _____ Soc. Sec. # _____

Address _____ Date of Birth _____

**This designation revokes all prior designations made under the Plan.
Please read the information on the other side of this form before completing it.**

SECTION A – MARRIED WITH SPOUSE AS BENEFICIARY

Pay all death benefits from the Plan to my spouse named below:

Spouse Name _____ Address _____

If spouse is not living, pay death benefits to:

Name _____ Relationship _____

Address _____

Member Signature _____ **Date** _____

SECTION B- MARRIED WITH SPOUSE NOT AS BENEFICIARY

Pay death benefits from the Plan (other than insurance proceeds, if any) to:

Name _____ Relationship _____

Address _____

Member Signature _____ **Date** _____

SPOUSE'S CONSENT: I understand this designation eliminates all or part of the benefits otherwise payable to me from the Plan if my spouse dies. My consent to this designation includes consent to name a different beneficiary for any life insurance proceeds.

Spouse Signature _____ **Date** _____

____ (Check if applicable) I certify that I am married but my spouse cannot be located to sign this consent. I will notify the Plan Sponsor if my spouse is located.

Plan Representative
Signature _____ Date _____

OR

Notary Public (if not witnessed by Plan Representative)

Subscribed and sworn before me this _____ day of _____, 20____.

SECTION C – SINGLE MEMBERS

Pay death benefits from the Plan (other than insurance proceeds, if any) to:

Name _____ Relationship _____

Address _____

I certify that I am not legally married at this time. I understand if I marry, this designation will be void one year after my marriage and my spouse shall receive any death benefits from the Plan unless we complete the election above.

Member Signature _____ **Date** _____

READ CAREFULLY BEFORE COMPLETING OTHER SIDE OF FORM

If you have been married for at least one year, federal law requires that death benefits from the Plan be paid to your spouse. This ensures that your spouse receives income from the Plan even if you die before you retire. However you and your spouse may elect to have death benefits paid to someone else – dependent parents, children, a family Trust, ect. You, but not your spouse, must be at least 35 years old to make this election. To be sure that death benefits are paid as you want them to be, follow these guidelines:

Complete SECTION A of this form if you are **married** and want your spouse to receive **all** death benefits from the Plan. You may also name someone else to receive death benefits if your spouse should die before you.

Complete SECTION B if you are **married**, at least **age 35** and you and your spouse want someone else to receive all or part of the death benefits from the plan. Your spouse must also sign and that signature must be witnessed by a Plan Representative or a Notary Public.

Complete SECTION C if you are not legally married.

If your plan includes life insurance coverage, use forms provided by the insurance company to name the beneficiary for any insurance proceeds. If you are married and do not name your spouse as your life insurance beneficiary, your spouse should sign the consent in Section B of this form.

If your marital status changes (through death, divorce or marriage) review your beneficiary designation to be sure it meets these requirements. If your name changes (through marriage, divorce, or by court decree) notify your Plan Sponsor.

BE SURE YOU SIGN AND DATE THE CORRECT SECTION OF THE FORM. Keep a copy for your records. Return the original copy to your Plan Sponsor.

SAMPLE BENEFICIARY DESIGNATINS

SPOUSE	Mary M. Doe, wife, (address)
TWO BENEFICIARIES	Jane J. Doe, mother, (address) and John J. Doe, father, (address) equally or to the survivor.
ESTATE	My Estate
CHILDREN& GRAND CHILDREN	John Doe, Jane and William Doe, children, (addresses) equally or to the survivors. Provided that if any of my children predecease me any then surviving children of such deceased child shall receive in equal portions the share their parent would have received.
MINOR CHILDREN	John J. Doe and Jane J. Doe, children, (address) equally or to the survivor. Provided that any proceeds that become payable to any such child during his or her minority shall be paid to Mary M. Doe, sister, if living, otherwise to the acting and legally appointed guardian.
TRUST	ABC Bank and Trust Co., (address), Trustee or successor in Trust under (Trust name) established (Date of Trust Agreement).