

LOCAL NO. 1 PENSION FUND

1431 Opus Place #350
Downers Grove, IL 60515
Telephone: (630) 288-6868 - Toll Free: (866) 844-0488

BENEFICIARY DESIGNATION FORM

Please complete the following information (type or print) and return to the address provided on the bottom of the form.

NOTE: If you are *married* and designate additional primary beneficiaries, you must obtain your spouse's written and notarized consent.

Name _____ **Social Security No.** _____
First Middle Initial Last

Address _____
Street City State ZIP

Date of Birth _____ **Telephone No.** (____) _____
Month/ Day/ Year

Marital Status: Single Married Divorced Widowed

I. BENEFICIARY DESIGNATION:

If you are currently married and are naming someone other than your spouse as your beneficiary, your spouse must sign this Beneficiary Designation form (the "Form"). Under Section 1.4 of the Local No. 1 Pension Plan (the "Plan"), if an unmarried Participant or a married Participant whose spouse has consented to a waiver dies any death benefits payable under Section 3.16 of the Plan shall be paid to the Participant's Beneficiary as designated on this Form. To the extent a Beneficiary has not been named by the Participant and is not designated under the terms of this Plan to receive all or any portion of the deceased Participant's death benefit pursuant to Section 3.16 of the Plan, or to the extent that there are no surviving Beneficiaries so designated at the time of the Participant's death, or such designated Beneficiary cannot be located in accordance with Section 6.14 of the Plan, distribution will be made to the surviving relatives of the Participant in the following order: the Spouse (if the Participant was married at the time of death); child or children in equal parts; grandchild or grandchildren in equal parts; parent or parents in equal parts; or, if no such relative survives, then to the executor or administrator of the estate of the Participant.

If you are currently single and later marry, the beneficiary designation you are making at this time will be automatically revoked unless the person you are naming as your beneficiary at this time is the person who becomes your spouse. Should your beneficiary be automatically revoked, benefits will be paid in accordance to the succession order as outlined above.

BENEFICIARY DESIGNATION

NOTE: You may name a primary Beneficiary and alternate Beneficiaries should your primary Beneficiary pre-decease you or fail to be located. Alternate Beneficiaries will only receive a benefit to the extent that the primary Beneficiary and any alternate Beneficiary listed above the Beneficiary's name is deceased or cannot be located. Due to the restrictions of the Internal Revenue Code, the Plan does not permit Living Trusts to be a named Beneficiary.

-OVER-

1 _____ /_____/_____
Name of Primary Beneficiary Date of Birth Social Security No.

Relationship Address

2 _____ /_____/_____
Name of First Alt. Ben. Date of Birth Social Security No.

Relationship Address

3 _____ /_____/_____
Name of Second Alt. Ben. Date of Birth Social Security No.

Relationship Address

4 _____ /_____/_____
Name of Third Alt. Ben. Date of Birth Social Security No.

Relationship Address

Signature of Participant: _____ Date: _____

II. BENEFICIARY DESIGNATION – SPOUSAL CONSENT

COMPLETE THIS PORTION ONLY IF YOUR SPOUSE IS NOT THE SOLE PRIMARY BENEFICIARY

I hereby consent to my spouse's designation of the primary Beneficiary or Beneficiaries listed above. I understand that my spouse cannot change any primary Beneficiary in the future without my written consent. I understand that I do not have to sign this consent. I am signing this consent voluntarily. I further understand that if I do not sign this consent, I will be entitled to receive any benefit payable under the Plan as a result of my spouse's death.

Signature of Participant's Spouse: _____ Date: _____

WITNESSED BY NOTARY PUBLIC

State of (_____)

County of (_____)

On the _____ day of _____, 20_____, before me came _____ to me known and known to me to be the person described in and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

(seal)

(Signature of Notary Public)