

# BENEFICIARY DESIGNATION FORM

## SEIU LOCAL NO. 1 RETIREMENT SAVINGS PLAN (“PLAN”)

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.

### I. PARTICIPANT INFORMATION

**Name** \_\_\_\_\_ **Social Security** \_\_\_\_\_  
**No.**

*First Middle Initial Last*

**Address**

\_\_\_\_\_ *Street Apt# City State ZIP*

**Date of Birth** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_  
*Month Day Year*

**Marital Status:**  Single  Married  Divorced  Widowed

### II. SUMMARY:

If you are married at the time of your death, and have been married throughout the one-year period prior to your death, your Spouse will receive benefits in a lump sum, unless he or she has consented to another Beneficiary.

If you are not married at the time of your death, or were not married throughout the one-year period prior to your death, benefits will be paid in a lump sum to the Beneficiary you have designated on this form.

If you are married, you may designate a Beneficiary other than your Spouse, in which case your Spouse must consent to your choice of a Beneficiary, and your Spouse’s signature must be witnessed by a notary public. Upon your divorce, and any Beneficiary designations naming that former Spouse as a Beneficiary will be revoked.

If you do not have a Spouse and you did not designate a Beneficiary for any part of your benefits payable from your Plan Account, or a designated Beneficiary does not survive you, any amount payable shall be paid in the following order to those surviving at the time of your death: (1) your widow (including a widow who was married to you for less than one year prior to your death), (2) your child or children, (3) your parent or parents, (4) your sibling or siblings, (5) your grandchild or grandchildren; and (6) the executor or administrator of your estate.

### III. 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 restrictions of the Internal Revenue Code, the Plan does not permit a living trusts to be a named a Beneficiary.

**Return this form to: Local 1 Retirement Savings Fund Office, 1431 Opus Place #350 Downers Grove IL 60515**

1 \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
*Name of Primary Beneficiary Date of Birth Social Security No.*  
\_\_\_\_\_  
*Relationship Address*

2 \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
*Name of First Alternate Beneficiary Date of Birth Social Security No.*  
\_\_\_\_\_  
*Relationship Address*

3 \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
*Name of Second Alternate Beneficiary Date of Birth Social Security No.*  
\_\_\_\_\_  
*Relationship Address*

4 \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
*Name of Third Alternate Beneficiary Date of Birth Social Security No.*  
\_\_\_\_\_  
*Relationship Address*

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**IV. 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**

SUBSCRIBED and SWORN to  
before me on this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC