



**WELFARE PLAN BENEFICIARY DESIGNATION**

I hereby designate the following-named beneficiary(ies), not yourself, as provided in the Pension Plan.  
(If you list more than 1 person, benefits will be shared equally.)

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

If none of the above-named beneficiary(ies) are living at the time of my death, I designate the following-named contingent beneficiary(ies):  
\*(benefits will be shared equally unless otherwise indicated)

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

\* NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

\* ADDRESS \_\_\_\_\_

**PARTICIPANT SIGNATURE** \_\_\_\_\_ DATE \_\_\_\_\_

SECTION 3 - Must Be Completed for Pension Coverage

**PENSION PLAN BENEFICIARY DESIGNATION**

I hereby designate the following-named beneficiary(ies), not yourself, as provided in the Welfare Plan.  
(If you list more than 1 person, benefits will be shared equally.)

NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

**PARTICIPANT SIGNATURE** \_\_\_\_\_ DATE \_\_\_\_\_

If you are married and wish to designate any beneficiary(ies) other than your spouse, or your spouse shares in the pension benefits, your spouse must consent in writing to such designation and the consent must be witnessed by a Notary Public.

I acknowledge and consent to the above beneficiary(ies) as designated. I also understand that as a result of the above beneficiary(ies) designation, I am not entitled to any benefits, upon my spouse's death, under the Plan. I understand that by my signature I am waiving my right to benefits to which I am otherwise entitled by law.

\_\_\_\_\_  
Spouse's Name

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Seal