



## Plumbers and Steamfitters Local Union No. 248

### Annuity Fund

333 West Vine Street • Suite 500 • Lexington, Kentucky 40507  
Toll-Free 888-999-7741 • Fax 859-226-1191

### **BENEFICIARY DESIGNATION**

EMPLOYEE NAME: \_\_\_\_\_

EMPLOYEE SOC. SEC. NO.: \_\_\_\_\_

BENEFICIARY NAME(S):

Name of Beneficiary (Primary)	Social Security No.	Relationship to Employee	Date of Birth

Name of Beneficiary (Secondary)	Social Security No.	Relationship to Employee	Date of Birth

THE PRIMARY BENEFICIARY DESIGNATED WILL RECEIVE BENEFITS ON YOUR BEHALF UPON YOUR DEATH. HOWEVER, YOU MAY ALSO DESIGNATE SECONDARY BENEFICIARY(IES) TO RECEIVE BENEFITS IN THE EVENT THE PRIMARY BENEFICIARY'S DEATH IS PRIOR TO THE COMMENCEMENT OF BENEFITS.

**Note: If your spouse is not designated as your primary beneficiary, they must consent to your beneficiary designation (see back of form).**

IF TWO OR MORE BENEFICIARIES ARE NAMED, THE PROCEEDS SHALL BE PAID TO THE NAMED BENEFICIARIES IN EQUAL SHARES.

A PARTICIPANT MAY CHANGE THEIR BENEFICIARY DESIGNATION AS NEEDED; HOWEVER, NO CHANGE WILL BE EFFECTIVE UNTIL THE NEW DESIGNATION HAS BEEN RECEIVED BY THIS OFFICE.

THIS BENEFICIARY DESIGNATION SUPERSEDES ANY AND ALL PRIOR BENEFICIARY DESIGNATIONS SUBMITTED BY ME.

SIGNATURE OF PARTICIPANT: \_\_\_\_\_

DATE: \_\_\_\_\_

## **SPOUSAL CONSENT**

I hereby certify that I, \_\_\_\_\_ am the spouse of the above-named Participant, and I have read this form as completed and signed by the Participant. I understand that, upon the Participant's death, I am entitled to any unpaid Plan benefits unless I consent to the Participant's designation of a non-spouse beneficiary. In granting this consent, I understand that I am waiving any right I might have to any benefit under the plan if the Participant dies, except to the extent that he or she may name me specifically as a Beneficiary herein. The designated beneficiary(ies) may not be changed at any time during which I am married to the Participant (except to designate me as his or her sole primary beneficiary) without my written consent on a form similar to this one. I hereby acknowledge and consent to the Participant's designation of the beneficiary(ies) listed above.

SIGNATURE OF SPOUSE: \_\_\_\_\_

DATE: \_\_\_\_\_

### **TO BE COMPLETED BY NOTARY PUBLIC**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned, a Notary Public, personally appeared \_\_\_\_\_ who executed the above SPOUSAL WAIVER as a free and voluntary act.

IN WITNESS WHEREOF, I have signed my name and affixed my notarial seal this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

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

MY COMMISSION EXPIRES: \_\_\_\_\_

( S E A L )