

# St. Paul Electrical Construction Workers Supplemental Pension Plan

## BENEFICIARY DESIGNATION

If you do not designate a beneficiary, in the event of your death your benefits will be paid in the following order:

1. To your spouse or if none;
2. To your children in equal shares or if none;
3. To your parents in equal shares or if none;
4. To your brothers and sisters or if none;
5. To your personal representative (executor) or if none;
6. To the personal representative of the last to die of the beneficiaries

If this sequence is acceptable to you, you do not need to complete this form. If the order is unacceptable, please complete this form and return it to the Plan office.

### **MEMBER:**

Print Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Signature \_\_\_\_\_

State of \_\_\_\_\_ Signed or attested before me on \_\_\_\_\_

County of \_\_\_\_\_ by \_\_\_\_\_

Signature of Notarial Officer \_\_\_\_\_

### **BENEFICIARY INFORMATION:**

You may name individual(s) or an organization to receive your benefits. You may change your beneficiary at any time by filling out a new Beneficiary Designation form. If you name more than one beneficiary, the benefit will be divided equally among them.

Please make payment to my beneficiaries as follows:

#### ***PRIMARY***

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Social Security # \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

#### ***SECONDARY - If Primary is Deceased:***

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Social Security # \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Social Security # \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Social Security # \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

### **SPOUSE'S CONSENT:**

By law, if you are married and you do not name your spouse as primary beneficiary, you must obtain your spouse's consent. The consent must be notarized. If you have not designated your spouse as beneficiary, please have your spouse sign below.

I hereby consent to the above designation of beneficiary.

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

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

State of \_\_\_\_\_ Signed or attested before me on \_\_\_\_\_

County of \_\_\_\_\_ by \_\_\_\_\_

Signature of Notarial Officer \_\_\_\_\_