

Sheet Metal Workers' Local 10 Pension Plan

BENEFICIARY FORM

SEND COMPLETED FORM TO: *Sheet Metal Local 10 Benefit Office - 1681 East Cope Avenue - Suite B - Maplewood, MN 55109-2631*

Married
 Unmarried

Social Security Number _____ Last Name _____ First Name _____ MI _____

Mailing Address _____

City _____ State _____ Zip Code _____ Telephone Number _____ Birth Date _____

DESIGNATION OF BENEFICIARY

The following rules apply to the designation of your beneficiary(ies). If you fail to follow any of these rules, your designation will be invalid.

- 1. If you have been married at least one year to your spouse at the time of your death, your spouse at that time is automatically your beneficiary.** If you want to designate someone other than your spouse as primary beneficiary, your spouse must give his or her notarized consent to this designation (see box below).
- 2. You must identify your relationship to your intended beneficiary (ies),** for example "spouse", "son", "father-in-law".
- 3. If your relationship with your designated beneficiary no longer exists at the time of your death, the beneficiary designation will be invalid.** For example, if you name your spouse as beneficiary but divorce prior to your death, that person would no longer be considered your beneficiary unless you updated your beneficiary designation and changed the relationship to read "ex-spouse".
- 4. Whenever you complete a valid new Beneficiary Form, it revokes all earlier designations.**
- 5. If you designate a minor as beneficiary, the minor's custodian/guardian may have rights to receive and use those death benefits.**

Primary Beneficiary: _____
First Name _____ Middle Initial _____ Last Name _____

Primary Beneficiary's Social Security Number _____ Relationship to Participant _____

Your spouse needs to complete this consent if your primary beneficiary is someone other than your spouse.

Spouse's Consent: I, the spouse of the participant named above, do hereby approve and consent to the foregoing designation of the beneficiary above. Further, I acknowledge that I understand (1) that the effect of this consent is that the beneficiary (ies) named above will receive any death benefits payable from the Sheet Metal Local 10 Supplemental Retirement Fund and I have waived my rights to benefits in the vent of my spouse's death; (2) that this beneficiary designation is not valid unless I consent to it; and (3) that my consent is irrevocable unless my spouse changes this designation.

Spouse's Signature _____ Date _____

[STAMP or SEAL]

Witnessed by Notary _____ Date _____

Secondary Beneficiary: _____
First Name _____ Middle Initial _____ Last Name _____

Secondary Beneficiary's Social Security Number _____ Relationship to Participant _____

Check this box if you have additional secondary beneficiaries and attach a separate page.

If naming a Trust as a beneficiary, please attach a complete copy of the Trust Document.

SIGNATURE

Participant's Signature _____ Date _____

Return signed copy and attachments, if any, to the Sheet Metal Benefit Office at the above address. Keep a copy for your files.

The entitlement to benefits is governed by the provisions of the Plan document. Completion of this form does not guarantee any entitlement to benefits by you or your beneficiaries.

If any questions please contact the Sheet Metal Benefit Office: 651-770-0991(Local) OR 1-800-396-2903 (Toll Free)