

HEAT AND FROST INSULATORS AND ALLIED WORKERS LOCAL 47 RETIREMENT TRUST FUND

Designation of Beneficiary for Benefits Payable in Event of Death

Participant's Name: _____

Address: _____

Social Security Number: _____

TO BE COMPLETED BY PARTICIPANT

In the event of my death, I direct that all previous beneficiary designations made by me (if any) be cancelled, and that my benefits be paid to the following:

Name: _____

Address: _____

Relationship: _____ Soc. Sec. No.: _____

Signed: _____ Date: _____

(Participant)

FOR MARRIED PARTICIPANTS ONLY: I understand that if I have been married for one year or more, my spouse is automatically the beneficiary of my pre-retirement death benefit. I further understand that if the person designated above as the beneficiary of plan benefits in the event of my death prior to retirement is *not* my spouse, this designation will have no effect unless my spouse has provided the consent shown below.

CONSENT TO BE COMPLETED BY PARTICIPANT'S SPOUSE

I consent to the designation made above by the Participant, my spouse, to have plan benefits payable in the event of his/her death prior to retirement paid to the beneficiary described above. I understand that, by consenting, I agree to my removal as beneficiary and the forfeiture of benefits to which I would otherwise be entitled, that the effect of such designation is to cause such benefits to be paid to the beneficiary named above and that I may not withdraw my consent to the above designation without the agreement in writing of the Participant.

Signed: _____ Date: _____

(Participant's Spouse)

Witnessed by : _____

(Plan Representative)

or

Notary Public* _____

Commission Exp. Date: _____

***NOTICE TO NOTARIES**

If you are serving as witness to the signature of the Spouse identified above, you should realize that Federal Law (i.e. The Retirement Equity Act of 1984) requires that, unless the above "Consent" is executed in the presence of an authorized Plan Representative, it must be executed in the presence of a Notary Public. Accordingly, it is most important that you not only witness the actual signature of the Spouse identified above but also examine her or his credentials to satisfy yourself that she or he is, in fact, the same person as the one identified.

RETURN TO: Heat & Frost and Allied Workers Local 47 Retirement Trust Fund

6525 Centurion Drive

Lansing, MI 48917-9275

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www.heatfrostlocal47benefits.org

Office Hours: 7:30 a.m. to 5:30 p.m.