

Participant's Change of Beneficiary Designation for Ten Year Certain Benefits

Participant's Name: _____

Social Security #: _____ Trade: _____

Home Address: _____

Please name below the person or persons you wish to be the beneficiary(ies) of any Ten Year Certain Benefits payable from the Building Trades United Pension Trust Fund. If you name more than one beneficiary, the benefit will be equally divided among those named.

Primary Beneficiary(ies) for Ten Year Certain Benefits (please print)

Name(s) ☆ _____ Ⓟ _____

Address(es) _____

Relationship(s) to you _____

Primary Beneficiary(ies) Must Sign Here ☆ _____

Ⓟ _____

If you wish to name a secondary beneficiary(ies) for Ten Year Certain Benefits in the event your primary beneficiary(ies) named above is (are) not living at the time of your death, please name the secondary beneficiary(ies) here.

Secondary Beneficiary(ies) for Ten Year Certain Benefits (please print)

Name(s) ☆ _____ Ⓟ _____

Address(es) _____

Relationship(s) to you _____

Secondary Beneficiary(ies) Must Sign Here ☆ _____

Ⓟ _____

You Must Sign Here: _____ **Date:** _____

If you are a Participant in the Plan and married, your spouse must approve your designation of beneficiary by signature below.

****I, legal spouse of the Participant, agree to the above named beneficiary(ies) for Ten Year Certain Benefits and acknowledge that upon my spouse's death, no such survivor benefits are payable to me.**

Spouse Must Sign Here: _____ **Date:** _____