

U.A. Local No. 467 Trust Funds

MAILING ADDRESS: P.O. BOX 5057, ZIP 95150-5057 • 1120 S. BASCOM AVE., ZIP 95128-3590 • SAN JOSE, CALIF. • PHONE (408) 288-4400

ADMINISTRATORS

UNITED ADMINISTRATIVE
SERVICES



U. A. LOCAL NO. 467 PENSION TRUST BENEFICIARY DESIGNATION FORM

HOW TO DESIGNATE A BENEFICIARY:

You may designate any person(s) or a trust to be your beneficiary(ies) by completing the accompanying form. Your designation will be valid 30 days after it is received by the Administration Office. If you die without a valid designation on file, your benefits will be paid in accordance with Plan rules.

If you are not married: Once your beneficiary designation becomes valid, it will remain valid until you revoke it, replace it or get married.

If you are married: Once your beneficiary designation becomes valid, it will remain valid until you revoke it, replace it or you divorce.

NOTE: You may designate someone other than your spouse as beneficiary **ONLY** if your spouse consents in writing on the attached form and **your spouse's signature must be notarized**. You may revoke your designation of a beneficiary, and your spouse may revoke his or her consent, any time before you die or retire, by submitting a new form.

If you are retired under the U.A. Local 467 Defined Benefit Plan: You can only change your beneficiary under the Defined Benefit Plan if you elected the Single Life Annuity option (with the Guaranteed Period of 36 months) and your beneficiary designation only applies to the Guaranteed Period of 36 months.

Note on Living Trusts. If you wish to name a living trust as your primary beneficiary, your spouse must consent below. If you are naming a trust as primary or contingent beneficiary, you must provide an Abstract or Certificate of Trust, or the complete trust document.

ALERT: Divorce Invalidates Beneficiary Designation

If you divorce, any previous designation of your former spouse as a beneficiary prior to your retirement is automatically revoked and is no longer valid. **Thus, when your divorce is final, you should immediately submit a completed beneficiary form to the Trust Fund Office.**

SECOND ALERT: Marriage Invalidates Beneficiary Designation

If you marry, any previous designation of a beneficiary other than your new spouse prior to your retirement is automatically revoked and is invalid. **Thus, upon becoming married, you should immediately submit a new beneficiary form to the Trust Fund Office (subject to the Plan's spousal consent requirements).**

YOUR INFORMATION

Your Name & Address _____
First Middle Last

No. and Street

City State Zip Code

Phone Number (with Area Code) Cell Phone (with Area Code)

Soc. Sec. No. _____ Date of Birth _____

Spouse's Name _____

Soc. Sec. No. _____ Date of Birth _____

DESIGNATION OF BENEFICIARY

I hereby elect the following (check one):

- I am married and designate the beneficiary(ies) designated below.*
(*Your spouse must consent in writing below if you designate someone other than your spouse as your beneficiary.)
- I am single and designate the beneficiary(ies) designated below.

I hereby designate the following person(s) or trust to be my beneficiary under the U.A. Local 467 Defined Benefit Plan and the U.A. Local 467 Defined Contribution plan, revoking all prior designations:

Primary Beneficiary(ies)*

1) _____
First Middle Last

No. and Street

City State Zip Code

Phone Number (with Area Code) Cell Phone (with Area Code)

Soc. Sec. No. _____ Date of Birth _____

Relationship: _____

Primary Beneficiary(ies) (continued)*

2)

First Middle Last

No. and Street

City State Zip Code

Phone Number (with Area Code) Cell Phone (with Area Code)

Soc. Sec. No. _____ Date of Birth _____

Relationship: _____

3)

First Middle Last

No. and Street

City State Zip Code

Phone Number (with Area Code) Cell Phone (with Area Code)

Soc. Sec. No. _____ Date of Birth _____

Relationship: _____

*To name more primary beneficiaries, attach a separate sheet with complete information for each person named.

Contingent Beneficiary(ies)*

1)

First Middle Last

No. and Street

City State Zip Code

Phone Number (with Area Code) Cell Phone (with Area Code)

Soc. Sec. No. _____ Date of Birth _____

Relationship: _____

Contingent Beneficiary(ies) (continued)*

2)

First Middle Last

No. and Street

City State Zip Code

Phone Number (with Area Code) Cell Phone (with Area Code)

Soc. Sec. No. _____ Date of Birth _____

Relationship: _____

3)

First Middle Last

No. and Street

City State Zip Code

Phone Number (with Area Code) Cell Phone (with Area Code)

Soc. Sec. No. _____ Date of Birth _____

Relationship: _____

*To name more contingent beneficiaries, attach a separate sheet with complete information for each person named.

NOTE: A contingent beneficiary is entitled to benefits only if the Primary Beneficiary(ies) dies.

Employee's Signature: _____

Date: _____

CONSENT OF SPOUSE

I understand that I have the legal right to be the sole Primary beneficiary of my spouse's Plan death benefits unless I consent to my spouse's designation of other person(s) or a trust as beneficiary(ies). I understand that by giving my spousal consent, I am giving up my legal right to my spouse's benefits upon his death. I understand that I may revoke this consent, at any time before my spouse dies or retires, by submitting a new form.

Check one:

- I consent to the designation of the person(s) or trust named above as beneficiary(ies). I understand that as a result of my consent to this designation, I will be entitled to **no** Plan benefits upon my spouse's death.
- I revoke my prior consent to my spouse's designation of beneficiary.
(A spouse may submit this form to revoke consent without the member's signature.)

Spouse's Signature: _____ Date _____
(Spouse's signature must be notarized or witnessed by a Plan or Union representative)

Signature of Plan Representative: _____ Date _____

OR

NOTARY'S CERTIFICATE

State of _____
County of _____

Subscribed and sworn to (or affirmed) before me on this ____ day of _____, 20____, by _____, personally proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(Seal)

Signature _____
Notary Public in and for said County and State

When completed, mail this form to:

**Administration Offices
U. A. Local No. 467 Trust Funds
P. O. Box 5057
San Jose, CA 95150-5057**