

Northern California Tile Industry Trust Funds

Health & Welfare • Vacation & Holiday • Defined Benefit Pension • Defined Contribution Pension



Beneficiary Election Form

Participant Name _____ SSN _____ DOB _____

Address _____

(if applicable) Spouse Name _____ SSN _____ DOB _____

(if applicable) Domestic Partner Name _____ SSN _____ DOB _____

Below please indicate the person(s) you wish to name as beneficiary(ies) of any death benefits for the:

- Northern California Tile Industry Defined Benefit Plan ("Defined Benefit Plan"),
- Northern California Tile Industry Defined Contribution Plan ("Defined Contribution Plan"),
- Northern California Tile Industry Vacation and Holiday Plan ("Vacation Plan") and/or
- Life Insurance Benefits under the Northern California Tile Industry Health and Welfare Plan ("Health and Welfare Plan").

Note Regarding Spousal Consent for Defined Benefit Plan and Defined Contribution Plan only:

If you are legally married at the time of your death Federal law and the Defined Benefit Plan and the Defined Contribution Plan require that benefits be paid to your surviving spouse, unless your spouse consents to the payment of the benefit to someone else.

If you elect below to designate someone other than your spouse as your Primary Beneficiary for the Defined Benefit Plan and Defined Contribution Plan – your spouse will have to complete the Spousal Consent of Beneficiary Designation Section on page 3 by providing a notarized statement consenting to your Primary Beneficiary designation.

Primary Beneficiary Designation

This designation is for (please check applicable box(es)):

- | | |
|---|---|
| <input type="checkbox"/> All Plans | <input type="checkbox"/> Defined Benefit Plan only |
| <input type="checkbox"/> Defined Contribution Plan only | <input type="checkbox"/> Health and Welfare Plan (Life Insurance Benefits) only |
| <input type="checkbox"/> Vacation Plan only | |

If you would like to designate multiple Primary beneficiaries, please attach an additional page with the information below for each Primary beneficiary and for each plan selected by checking the box(es).

Primary Beneficiary _____ SSN _____ DOB _____

Address _____ Relationship _____

Phone Number _____ Percentage of benefit* (see details below) _____

See next page for Contingent Beneficiary Designation and Participant Signature

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Contingent Beneficiary Designation

This designation is for (please check applicable box(es)):

- | | |
|---|---|
| <input type="checkbox"/> All Plans | <input type="checkbox"/> Defined Benefit Plan only |
| <input type="checkbox"/> Defined Contribution Plan only | <input type="checkbox"/> Health and Welfare Plan (Life Insurance Benefits) only |
| <input type="checkbox"/> Vacation Plan only | |

Contingent beneficiary(ies) would receive benefits ONLY if there is no Primary beneficiary(ies) living at the time death benefits become payable. If you would like to designate multiple Contingent beneficiaries, please attach additional pages with the information below for each Contingent beneficiary and for each plan selected by checking the box(es).

Contingent Beneficiary _____ SSN _____ DOB _____

Address _____ Relationship _____

Percentage of benefit _____

*** Note regarding Percentage of Benefit:** If you designate more than one Primary Beneficiary, benefits will be paid to them in equal shares, unless you fill in a different percentage to be received where indicated on this form. For example, if you name two Primary Beneficiaries you may state that one will receive 75% and the other 25%. Benefits will be paid to the person you list as a Contingent Beneficiary only in the event your Primary Beneficiary(ies) have died. If you fail to designate a Beneficiary or if all of your designated Beneficiaries have died, the benefits will be paid in accordance with Plan rules.

Note regarding Dissolution of Marriage/Dissolution of Domestic Partnership: Any designation of your spouse or domestic partner as your designated beneficiary will be automatically revoked upon the dissolution of your marriage/domestic partnership. We recommend updating this designated beneficiary form after such an event occurs.

Note regarding Defined Benefit Plan Death Benefit and Beneficiary Designation: This beneficiary designation form for the Defined Benefit Plan is only applicable to participants who have already retired under a Single Life Annuity with 60 months guarantee and have designated a beneficiary at the time of retirement, and you want to change your designated beneficiary now, in which case the beneficiary designated on this form will be paid any remaining monthly benefits. If you die prior to retirement, then any Pre-Retirement Survivor Annuity or Pre-Retirement Death Benefit must be paid to your surviving spouse/domestic partner, or if none, to your children, regardless of any Defined Benefit beneficiary designation on this form.

Participant Signature

I understand that this beneficiary designation cancels any previous designation I may have made and will be effective when received in the Fund office and only if received prior to my death. Further, I understand that any designation for the Defined Benefit Plan, Defined Contribution Plan, Vacation Plan and Health and Welfare Plan shall be cancelled if my current marriage/domestic partnership ends and I remarry/enter into a new registered domestic partnership, which would make my legal spouse/domestic partner at the time of my death my new Primary Beneficiary.

Participant Signature _____ Date _____

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SPOUSAL CONSENT OF BENEFICIARY DESIGNATION **FOR DEFINED BENEFIT PLAN AND DEFINED CONTRIBUTION PLAN ONLY**

I hereby consent to the designation of the beneficiary on this Designation of Beneficiary form for the Defined Benefit Plan and Defined Contribution Plan and understand that any benefits due as a result of my Spouse's death will be paid to the named beneficiary(ies).

Signature of Spouse (**Must be notarized**): _____

Date: _____

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of _____)

On _____ before me, _____

Personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

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