

BENEFICIARY DESIGNATION FORM

BRICKLAYERS OF WESTERN PA COMBINED FUNDS, INC.

Participant's Name		Social Security Number	
Telephone Number	Birth Date (MM/DD/YYYY)	Home Local	
Address	City	State	Zip Code
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Divorced (Provide Copy of divorce decree(s)) <input type="checkbox"/> Single <input type="checkbox"/> Widowed (Provide Copy of death certificate.) <input type="checkbox"/> Separated		

BRICKLAYERS AND ALLIED CRAFT WORKERS WELFARE FUND OF WESTERN PENNSYLVANIA

Primary Beneficiaries: If you need more than two Contingent Beneficiaries, please attach a separate sheet.

(1) Name		Social Security Number	
Address			
City		State	Zip Code
Telephone Number	Relationship	Birth Date (MM/DD/YYYY)	Beneficiary %
(2) Name		Social Security Number	
Address			
City		State	Zip Code
Telephone Number	Relationship	Birth Date (MM/DD/YYYY)	Beneficiary %

Contingent Beneficiaries: If you need more than two Contingent Beneficiaries, please attach a separate sheet.

(1) Name		Social Security Number	
Address			
City		State	Zip Code
Telephone Number	Relationship	Birth Date (MM/DD/YYYY)	Beneficiary %
(2) Name		Social Security Number	
Address			
City		State	Zip Code
Telephone Number	Relationship	Birth Date (MM/DD/YYYY)	Beneficiary %

THREE RIVERS ANNUITY FUND

Primary Beneficiaries: If you need more than two Contingent Beneficiaries, please attach a separate sheet.

(1) Name		Social Security Number	
Address			
City		State	Zip Code
Telephone Number	Relationship	Birth Date (MM/DD/YYYY)	Beneficiary %

If you are married and have named someone other than your Spouse to receive some or all of your Annuity Fund benefit as a primary beneficiary, such a designation will only be valid if you obtain your spouse's consent as evidenced by his or her signature below, which must be acknowledged by a Notary Public.

(2) Name		Social Security Number	
Address			
City		State	Zip Code
Telephone Number	Relationship	Birth Date (MM/DD/YYYY)	Beneficiary %

Contingent Beneficiaries: If you need more than two Contingent Beneficiaries, please attach a separate sheet.

(1) Name		Social Security Number	
Address			
City		State	Zip Code
Telephone Number	Relationship	Birth Date (MM/DD/YYYY)	Beneficiary %

(2) Name		Social Security Number	
Address			
City		State	Zip Code
Telephone Number	Relationship	Birth Date (MM/DD/YYYY)	Beneficiary %

If you are not married on the date you sign this Beneficiary Designation Form, but subsequently become married prior to benefit commencement, you understand that this designation of beneficiary shall cease to be effective upon your marriage and you should consider filing a new Beneficiary Card. You hereby agree to notify BeneSys in writing in the event of marital status changes.

PARTICIPANT SIGNATURE: I certify that all information furnished in this form is true to the best of my knowledge. I understand and agree that any misrepresentation by me may constitute grounds for denial of benefits to me or my behalf or for the cancellation or recovery of benefit payments made in reliance thereon.

SPOUSAL CONSENT: I swear that I am the legal spouse of the Participant named above. I understand that the Annuity Fund is obligated to pay Annuity benefits to me as sole primary beneficiary in the event of my spouse's death, unless I consent to the designation of some other individual as indicated below. I have reviewed this entire form and consent to the designation of:

_____ as the primary beneficiary (ies) for Annuity benefits. Such designation may not be changed or revoked without my consent.

SIGNED:

SIGNED:

DATED:

DATED:

NOTARY PUBLIC: State of _____
County of _____

On this, the _____ day of _____, 20____, before me personally appeared _____, the above designated Spouse, who executed the foregoing Spousal Consent and acknowledged that he or she executed the same as his or her free act or deed. In witness whereof, I hereto set my hand and seal

Notary Public: _____

My Commission Expires: _____

BRICKLAYERS PENSION FUND OF WESTERN PENNSYLVANIA

Primary Beneficiaries: If you need more than two Contingent Beneficiaries, please attach a separate sheet.

(1) Name		Social Security Number	
Address			
City		State	Zip Code
Telephone Number	Relationship	Birth Date (MM/DD/YYYY)	Beneficiary %

If you are married and have named someone other than your Spouse to receive some or all of your Pension Fund benefit as a primary beneficiary, such a designation will only be valid if you obtain your spouse's consent as evidenced by his or her signature below, which must be acknowledged by a Notary Public.

(2) Name		Social Security Number	
Address			
City		State	Zip Code
Telephone Number	Relationship	Birth Date (MM/DD/YYYY)	Beneficiary %

Contingent Beneficiaries: If you need more than two Contingent Beneficiaries, please attach a separate sheet.

(1) Name		Social Security Number	
Address			
City		State	Zip Code
Telephone Number	Relationship	Birth Date (MM/DD/YYYY)	Beneficiary %

(2) Name		Social Security Number	
Address			
City		State	Zip Code
Telephone Number	Relationship	Birth Date (MM/DD/YYYY)	Beneficiary %

If you are not married on the date you sign this Beneficiary Designation Form, but subsequently become married prior to benefit commencement, you understand that this designation of beneficiary shall cease to be effective upon your marriage and you should consider filing a new Beneficiary Card. You hereby agree to notify BeneSys in writing in the event of marital status changes.

<p><u>PARTICIPANT SIGNATURE:</u> I certify that all information furnished in this form is true to the best of my knowledge. I understand and agree that any misrepresentation by me may constitute grounds for denial of benefits to me or my behalf or for the cancellation or recovery of benefit payments made in reliance thereon.</p>	<p><u>SPOUSAL CONSENT:</u> I swear that I am the legal spouse of the Participant named above. I understand that the Pension Fund is obligated to pay Pension benefits to me as sole primary beneficiary in the event of my spouse's death, unless I consent to the designation of some other individual as indicated below. I have reviewed this entire form and consent to the designation of: _____ as the primary beneficiary (ies) for Pension benefits. Such designation may not be changed or revoked without my consent.</p>
<u>SIGNED:</u>	<u>SIGNED:</u>
<u>DATED:</u>	<u>DATED:</u>
<p><u>NOTARY PUBLIC:</u> State of _____ County of _____</p> <p>On this, the _____ day of _____, 20____, before me personally appeared _____, the above designated Spouse, who executed the foregoing Spousal Consent and acknowledged that he or she executed the same as his or her free act or deed. In witness whereof, I hereto set my hand and seal</p> <p style="text-align: center;">Notary Public: _____</p> <p style="text-align: center;">My Commission Expires: _____</p>	

BUILDING TRADES PENSION FUND OF WESTERN PENNSYLVANIA

Primary Beneficiaries: If you need more than two Contingent Beneficiaries, please attach a separate sheet.

(1) Name		Social Security Number	
Address			
City		State	Zip Code
Telephone Number	Relationship	Birth Date (MM/DD/YYYY)	Beneficiary %

If you are married and have named someone other than your Spouse to receive some or all of your Pension Fund benefit as a primary beneficiary, such a designation will only be valid if you obtain your spouse's consent as evidenced by his or her signature below, which must be acknowledged by a Notary Public.

(2) Name		Social Security Number	
Address			
City		State	Zip Code
Telephone Number	Relationship	Birth Date (MM/DD/YYYY)	Beneficiary %

Contingent Beneficiaries: If you need more than two Contingent Beneficiaries, please attach a separate sheet.

(1) Name		Social Security Number	
Address			
City		State	Zip Code
Telephone Number	Relationship	Birth Date (MM/DD/YYYY)	Beneficiary %

(2) Name		Social Security Number	
Address			
City		State	Zip Code
Telephone Number	Relationship	Birth Date (MM/DD/YYYY)	Beneficiary %

If you are not married on the date you sign this Beneficiary Designation Form, but subsequently become married prior to benefit commencement, you understand that this designation of beneficiary shall cease to be effective upon your marriage and you should consider filing a new Beneficiary Card. You hereby agree to notify Benesys in writing in the event of marital status changes.

<p><u>PARTICIPANT SIGNATURE:</u> I certify that all information furnished in this form is true to the best of my knowledge. I understand and agree that any misrepresentation by me may constitute grounds for denial of benefits to me or my behalf or for the cancellation or recovery of benefit payments made in reliance thereon.</p>	<p><u>SPOUSAL CONSENT:</u> I swear that I am the legal spouse of the Participant named above. I understand that the Pension Fund is obligated to pay Pension benefits to me as sole primary beneficiary in the event of my spouse's death, unless I consent to the designation of some other individual as indicated below. I have reviewed this entire form and consent to the designation of: _____ as the primary beneficiary (ies) for Pension benefits. Such designation may not be changed or revoked without my consent.</p>
<u>SIGNED:</u>	<u>SIGNED:</u>
<u>DATED:</u>	<u>DATED:</u>
<p><u>NOTARY PUBLIC:</u> State of _____ County of _____</p> <p>On this, the _____ day of _____, 20____, before me personally appeared _____, the above designated Spouse, who executed the foregoing Spousal Consent and acknowledged that he or she executed the same as his or her free act or deed. In witness whereof, I hereto set my hand and seal</p> <p style="text-align: center;">Notary Public: _____ My Commission Expires: _____</p>	

BRICKLAYERS OF WESTERN PA COMBINED FUNDS, INC.
IMPORTANT INFORMATION ABOUT BENEFICIARY
DESIGNATIONS

The ***Beneficiary Designation Form*** allows you to designate one or more beneficiaries to receive applicable benefits in the event of your death. If we do not have a designated beneficiary on file in the Fund Office, or if you do not name a beneficiary, payment may not be made to the person(s) you intend to receive the benefit. For further information regarding payment of death benefits, please refer to your Summary Plan Description. **No change in beneficiary designation shall be effective or binding on the Fund or the Trustees unless it is received by the Fund Office prior to the time any payments are made to the beneficiary(ies) whose designation is on file.**

It is also important that you keep the Fund informed of your current address. Address changes must be submitted in writing to the Fund Office.

DEFINITIONS

You may find the following definitions helpful in completing this form:

Primary Beneficiary(ies)- the person(s) or entity you designate as the first in line to receive your benefit. You may name more than one Primary Beneficiary. Payment will be made in equal shares unless otherwise specified. The percentages you list for all beneficiaries should total 100%. In the event that a designated primary beneficiary predeceases you, the benefit will be paid to the remaining primary beneficiaries pro rated in proportion to their designated percentages or all to the sole remaining primary beneficiary.

Contingent Beneficiary(ies)- the person(s) or entity you designate to receive your benefit in the event your primary beneficiary predeceases you. You may name more than one Contingent Beneficiary. Payment will be made in equal shares unless otherwise specified. The percentages you list for all beneficiaries should total 100%. In the event that a designated contingent beneficiary predeceases you, the benefit will be paid to the remaining contingent beneficiaries pro rated in proportion to their designated percentages or all to the sole remaining contingent beneficiary.

Health/Welfare - a multiemployer health and welfare fund that provides medical, prescription, dental, vision, death and other benefits.

Pension - a multiemployer defined benefit pension fund. The Pension Plan provides several kinds of pension benefits with varying eligibility requirements and benefit amounts. Please refer to your most current annual statement or contact the Fund office for a summary of your hours.

Annuity - a multiemployer retirement plan that provides you with an individual account that can be invested through the recordkeeper, John Hancock. At retirement you can select the distribution options or keep the account invested.

INSTRUCTIONS

- Complete this form to designate one or more beneficiaries to receive applicable benefits in the event of your death for **EACH** Fund indicated.
- If you need additional space, please attach a separate sheet of paper.
- The Participant must read, sign and date the authorization.
- Spousal signatures must be notarized.
- Submit the completed form to the Fund office, c/o Benesys, 3660 Stutz Drive, Suite 101, Canfield OH 44406 and keep a copy for your records.