CASCADE PENSION TRUST
BENEFICIARY DESIGNATION

PMB #116, 5331 S. Macadam Ave, Ste. 258, Portland, OR 97239
503-224-0048 or outside Portland: 1-800-547-4457

PARTICIPANT'S NAME

Name (Please Print) _____ Date of Birth _____ Social Security Number _____

Address _____

Telephone Number _____ Email Address _____

Marital Status: Married ☐ Single ☐ Divorced ☐ Widowed ☐
If divorced, provide date of divorce and attach a photo copy of divorce decree: _____

I recognize that as a participant in the CASCADE PENSION TRUST, in the event of my death, there may be a benefit payable from such Plan to a beneficiary whom I designate. I, therefore, designate as my death beneficiary under such Plan the following:

[Note: If you are married and under age 35 by federal law you may not designate a beneficiary other than your spouse. If you designate your spouse as beneficiary and are subsequently divorced, the beneficiary designation in favor of that former spouse is automatically revoked, but other beneficiary designations concurrently made are unaffected. If you are single and subsequently marry, all beneficiary designations are revoked unless you have designated your new spouse as primary beneficiary. You should make a new beneficiary designation if your beneficiary designation is revoked.]

If more space is needed, please attach a separate piece of paper listing the requested information for all beneficiaries, including the percentage designated to each. The percentages designated must equal to 100%. Please read, sign and return this form. If you have any questions call the Trust Office.

PRIMARY BENEFICIARY DESIGNATION

_____ % Name (Please Print) _____ Social Security Number _____ Date of Birth _____

Relationship _____ Address _____

Telephone Number _____

_____ % Name (Please Print) _____ Social Security Number _____ Date of Birth _____

Relationship _____ Address _____

Telephone Number _____

Total = 100%

~OVER~

SECONDARY BENEFICIARY DESIGNATION

_____ %

Name (Please Print) _____ Social Security Number _____ Date of Birth _____

Relationship _____ Address _____

Telephone Number _____

_____ %

Name (Please Print) _____ Social Security Number _____ Date of Birth _____

Relationship _____ Address _____

Telephone Number _____

_____
Total = 100%

I recognize that any death benefits will be paid to the Primary Beneficiary if then living, and if not, then to the Secondary Beneficiary. I further understand that this beneficiary designation supersedes and revokes any other prior beneficiary designation made by me. I understand that if I am married on the date of my death, my spouse is entitled to receive the death benefits, even if I designate another beneficiary, unless my spouse consents to the designation of such other beneficiary.

Date:_____ _____
Participant's Signature

_____ _____
Participant's Social Security No. Print Name Clearly Here

SPOUSAL CONSENT

I certify that I am the spouse of the aforementioned participant. I understand that I am legally entitled to pre-retirement benefits payable from the Cascade Pension Trust as a result of my spouse's death unless I consent to the designation of another beneficiary. Knowing that, I consent to the beneficiary designation set forth above. I realize that the designation of any beneficiary except me will eliminate the death benefits to which I am otherwise legally entitled.

(Place Seal Here) _____
Spouse's Signature

STATE OF _____

County of _____

The foregoing instrument was acknowledged before me this _____day of _____20_____.

_____

Notary Public for _____

My Commission Expires:_____

Remember: If you are naming your spouse as your primary beneficiary, your spouse does not need to complete the Spousal Consent section of this form in the presence of a Notary Public.