



**SECONDARY BENEFICIARY DESIGNATION**

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

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	_____ 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. I recognize this form is not effective until signed and dated by me and delivered to Cascade's Administrator.

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.**