



CEMENT MASONS AND PLASTERERS LOCAL 797 BENEFIT FUNDS

8311 W. Sunset Road, Suite 250 • Las Vegas, NV 89113
P.O. Box 400008 • Las Vegas, NV 89140
Phone (702) 415-2190 • Fax (702) 257-5361

BENEFICIARY DESIGNATION FORM

Print Member Name: _____

Date of Birth: ____ / ____ / ____ Social Security Number: ____ - ____ - ____

I, the undersigned, hereby designate the person(s) named below as beneficiary of my applicable benefits in the Cement Masons and Plasterers Local 797 Joint Pension Trust Fund.

**If married, you MUST designate your spouse, unless you provide the attached spousal consent.*

Beneficiary Name: _____
Date of Birth: _____
Social Security Number: _____
Address: _____
City: _____ State: _____ Zip: _____
Relationship: _____
Percentage: _____

Beneficiary Name: _____
Date of Birth: _____
Social Security Number: _____
Address: _____
City: _____ State: _____ Zip: _____
Relationship: _____
Percentage: _____

Member Signature: _____ Date: _____

IMPORTANT: PLEASE READ CAREFULLY

If you are married and choose to designate a beneficiary other than your spouse, your spouse MUST consent to the proposed designation of beneficiary(s) by signing the attached page before a notary.



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Spousal Consent to Alternate Beneficiary Designation as noted on Previous Page

IMPORTANT: PLEASE READ CAREFULLY

If you are married and choose to designate a beneficiary other than your spouse, your spouse MUST consent to the proposed designation of beneficiary(s) by signing below before a notary.

I hereby consent to my spouse's designation of the above beneficiary for death benefits payable through the Plan. I fully understand that by signing below, I will not be eligible for the receipt of the benefits payable on behalf of my spouse in the event of his or her death.

Spouse's Signature: _____ Date: _____

THIS SECTION TO BE COMPLETED BY NOTARY PUBLIC

**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 _____ County of _____

On _____, before me, _____, personally
appeared _____ who proved

to me on basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribe to the within
instrument and acknowledge 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 _____ that the
foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary