



## 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