

I.B.U. of the Pacific National Health Benefit Trust

Beneficiary Designation Form

Please check the appropriate box for the plan(s) that apply to this beneficiary designation form:

IBU of the Pacific National Health Benefit Trust IBU of the Pacific National Pension Plan

Member's Name: _____ Social Security Number: _____

| | | | | | |
|---|--|--------------------------------------|--|-----|--|
| DESIGNATED BENEFICIARY NAME: (Primary Beneficiary) | | Date of Birth: | | SSN | |
| Relationship | | Percentage of Benefit to be Received | | | |
| Phone | | Address: | | | |

| | | | | | |
|-------------------|--|--------------------------------------|--|-----|--|
| BENEFICIARY NAME: | | Date of Birth: | | SSN | |
| Relationship | | Percentage of Benefit to be Received | | | |
| Phone | | Address: | | | |

| | | | | | |
|-------------------|--|--------------------------------------|--|-----|--|
| BENEFICIARY NAME: | | Date of Birth: | | SSN | |
| Relationship | | Percentage of Benefit to be Received | | | |
| Phone | | Address: | | | |

| | | | | | |
|--|--|--------------------------------------|--|-----|--|
| CONTINGENT BENEFICIARY NAME (Secondary Beneficiary) | | Date of Birth: | | SSN | |
| Relationship | | Percentage of Benefit to be Received | | | |
| Phone | | Address: | | | |

Custodial Designation

If my above named beneficiary is a minor, I hereby designate (print full name) _____ to act as Custodian to receive such benefits on behalf of such child (or children). I understand that I may change this Custodial Designation at any time. I also understand that if I fail to name a Custodian, then the natural parent(s) of the minor will automatically be designated as Custodian. I also understand that if the amount of the benefit is more than \$10,000, and I fail to name a Custodian, the benefit cannot be paid until a Custodian is appointed by the Superior Court.

| | | | | | |
|-----------------|--|---------------|--|-----|--|
| CUSTODIAN NAME: | | Date of Birth | | SSN | |
| Relationship | | Address: | | | |
| Phone | | | | | |

*If you designate more than one Beneficiary, benefits will be paid to them in equal shares, unless you fill in a different percentage to be received where indicated on this form. For example, if you name two beneficiaries you may state that one will receive 75% and the other 25%. Benefits will be paid to the person you list as a Secondary Beneficiary only in the event your designated Beneficiaries have died. If you fail to designate a Beneficiary or if all of your designated Beneficiaries have died, the benefits will be paid in accordance with Trust rules.

Member's Signature: _____ Date: _____

Witness (Non-Relative) Signature: _____ Date: _____

Witness Address: _____