

ST. LOUIS PAINTERS PENSION TRUST FUND

P.O. Box 1186

Maryland Heights, MO 63043

Tel (314) 656-1072 Fax (314) 739-1105

Beneficiary Election Form

Member's Name _____ **SS #** _____

Address _____

Spouse's Name _____ **SS#** _____

Below please indicate the person(s) you wish to name as beneficiary(ies) of any benefits through the St. Louis Painters Pension Trust Fund.

Note: If you are legally married at the time of your death Federal law and the Pension Plan require that benefits be paid to your surviving spouse, unless your spouse consents to the payment of the benefit to someone else. To make that type of change, the Pension Plan will require a notarized statement from your spouse – see bottom of form for notarized consent by your spouse.

Beneficiary Designation

Primary Beneficiary _____ **SS#** _____

Address _____ **Relationship** _____

In the event your Primary Beneficiary pre-deceases you, the below listed Contingent Beneficiary(ies) will be paid based on the percentages you indicate.

Contingent Beneficiary _____

SS# _____ **Percentage of benefit** _____

Address _____ **Relationship** _____

Contingent Beneficiary _____

SS# _____ **Percentage of benefit** _____

Address _____ **Relationship** _____

(Attach additional paper if necessary)

I understand that this beneficiary designation cancels any previous designation I may have made and will be effective when received in the Fund office and only if received prior to my death. Further, I understand that this designation shall be cancelled if my current marriage ends and I remarry, which would make my legal spouse at the time of my death my new primary beneficiary.

Member's Signature _____ **Date** _____

Spousal consent (if the named Primary Beneficiary is not the spouse):

I hereby consent to my spouse's designation of the above beneficiary for benefits payable through this Fringe Benefit Fund. 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** _____

Subscribed to and sworn to before me, this _____ day of _____, 20_____.

Notary Public Signature _____ County of _____

State of _____ My Commission expires: _____