



Western UNITE HERE and Employers Pension Fund

Formerly Known as San Diego UNITE HERE Pension Fund

Name _____ SSN _____

Address _____

City / State / Zip Code _____

Phone Number _____ Marital Status _____

Reason for Change

☐ Divorced* ☐ Remarried* ☐ Not Previously Filed ☐ Death

☐ Other _____

*If change is due to a divorce or if you have been previously divorced & remarried please enclose a complete copy of your divorce decree and property settlement to ensure there is no entitlement to benefits by a prior spouse.

I hereby revoke any prior designation of beneficiary executed prior to this date.

Signature _____ Date _____

I hereby designate the following as my beneficiary in the event of my death for the following benefits if they are available: Pension Plan Death Benefit and any other benefits that may be payable due to my death.

I am aware that I may not designate someone other than my spouse without my spouse's written, notarized approval.

Beneficiary Name _____ SSN _____

Relationship _____ Birthdate _____

Address _____

City / State / Zip Code _____

In the event that the beneficiary named above should die before me, I designate the following as beneficiary:

Beneficiary Name _____ SSN _____

Relationship _____ Birthdate _____

Address _____

City / State / Zip Code _____

Signature _____ Date _____

Witness _____ Date _____

3737 Camino Del Rio So., Suite 300, San Diego, CA 92108

Phone 619-849-1060 • Fax 619-632-5682

www.unitehere30benefits.org • staff@uniteherebenefits.org

SAN DIEGO UNITE HERE TRUST FUNDS

Spousal Consent to Alternate Beneficiary Designation

I certify that all of the information provided on this form is complete and accurate.

Name _____ SSN _____

Signature _____ Date _____

TO BE COMPLETED BY NOTARY PUBLIC

State of California

County of _____

On _____ before me, (here insert name and title of the officer, personally appeared

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and 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 California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public

Notary Public Seal

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