



# 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 \_\_\_\_\_

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

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**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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