

**ROOFERS LOCAL NO. 2
SUPPLEMENTAL PENSION PLAN**

Beneficiary Designation Form

Please Print

Participant's Name (Last, First, Middle Initial)	Social Security Number	Date of Birth
		()
Address (Street Address, City, State and Zip)		Phone Number

Spouse's Name (Last, First, Middle Initial)	Social Security Number	Date of Birth
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I hereby designate the following person or persons who are living at the time of my death to receive any benefit or other interest I have in the Roofers Local No. 2 Supplemental Pension Plan ("Plan") which becomes due at or after my death according to the terms of the Plan then in effect. I reserve the right to change this Beneficiary Designation Form or revoke it in its entirety at any time. I understand that this Beneficiary Designation Form or any change or revocation of it, will be effective only when it is received by the Plan Administrator and only if received by the Plan Administrator during my lifetime. *(The Plan Administrator will use the most current Beneficiary Designation Form on file.)* This Beneficiary Designation Form shall be void upon dissolution of my marriage if it designates a former spouse, and shall be void upon my subsequent marriage unless it designates my spouse to whom I am married at my death. I understand that if the named beneficiary(ies) are not living at the time of my death, or if I do not have a valid Beneficiary Designation Form on file with the Plan Administrator at the time of my death, my benefits and other interests will be payable in accordance with the terms of the Plan then in effect.

NOTE: If no beneficiary is designated, accounts are payable at death to the first of the following classes of surviving persons, in equal shares: 1) widow or widower; 2) child or children, per stirpes; 3) surviving parents; 4) siblings, per stirpes; 5) your estate.

***By law, your spouse will be your beneficiary** unless your spouse has completed and filed with the Fund Office a Spousal Waiver form, waiving his or her rights. This requirement may be modified if you are subject to the terms of a divorce decree. (Spousal Waiver form is on reverse side of this form.)

PRIMARY Beneficiary Designation **(All must total 100%)

1) Name _____	S.S.# _____	
Date of Birth _____	Relationship to Employee _____	**Percent Payable _____ %
Address _____		Phone () _____
(Street Address, City, State and Zip)		

2) Name _____	S.S.# _____	
Date of Birth _____	Relationship to Employee _____	**Percent Payable _____ %
Address _____		Phone () _____
(Street Address, City, State and Zip)		

NONSPOUSAL OR CONTINGENT Beneficiary Designation **** (All must total 100%)**

1) Name _____ S.S.# _____
Date of Birth _____ Relationship to Employee _____ **Percent Payable _____ %
Address _____ Phone (____) _____
(Street Address, City, State and Zip)

2) Name _____ S.S.# _____
Date of Birth _____ Relationship to Employee _____ **Percent Payable _____ %
Address _____ Phone (____) _____
(Street Address, City, State and Zip)

The execution of this Beneficiary Designation Form and delivery thereof to the Plan Administrator revokes all prior designations of beneficiaries that I have made.

Participant's Signature

Date Signed

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***The following Affidavit must be completed if you are married and want to name someone in addition to, or other than, your spouse as beneficiary.**

SPOUSAL WAIVER

I, _____, hereby state that I am the spouse of _____ who is a participant in the Roofers Local No. 2 Supplemental Pension Plan. I understand that I am entitled to the benefits accruing to my spouse in the event of his/her death, and with full knowledge thereof, I unconditionally waive my rights thereto in favor of the beneficiary(ies) set forth in this Beneficiary Designation Form. I intend for this to be a legally binding and enforceable waiver of any rights which I might possess as a beneficiary under the Roofers Local No. 2 Supplemental Pension Plan with respect to the beneficiary(ies) set forth in this Beneficiary Designation Form only.

Signature of Participant's Spouse

State of _____)
County of _____)

On this _____ day of _____, 20____, before me, personally appeared _____, who acknowledged himself/herself to be the spouse of _____, and that he/she executed the foregoing by his/her own hand.

NOTARY PUBLIC _____

My Commission Expires: _____