

## U.A. LOCAL NO. 393 DEFINED BENEFIT PENSION PLAN (“The Plan”)

### PRE-RETIREMENT DEATH BENEFITS

In the unfortunate event where you die before you retire, the Plan provides four pre-retirement death benefit options for your beneficiaries. This form is used to designate your beneficiaries and, if interested, to select a benefit option for your beneficiary (ies) in advance of your death.

**Please read this material carefully as some options cost more (in the form of future benefit reductions) than others.** You also are not required to make any benefits choices at this time. However, the Plan does encourage you to designate your beneficiaries as soon as possible and to review them periodically.

**Note on Default Beneficiaries:** If you die without a valid beneficiary designation in effect, your benefits will be distributed to your spouse, if any; or if none, to your children; or if none, to your father and/or mother; or if not living, to your sisters and/or brothers; or if none, to your estate. Your divorce automatically revokes your prior designation of your former spouse. However, any other beneficiary designation you made in the past remains valid unless you revoke it.

**Note on Living Trusts.** If you wish to name a living trust as your primary beneficiary, your spouse must consent in writing. If you are naming a trust as primary or contingent beneficiary, you must provide an Abstract or Certificate of Trust, or the complete trust document.

Your designation will be valid **30 days** after it is received by the Administration Office, and will remain valid until you revoke it, replace it or get married.

#### 1. **Optional Pre-Retirement Death Benefit**

- This is a monthly benefit equal to your normal retirement benefit until the amount of benefits paid equals the total amount of employer contributions paid on your behalf.
- If you were vested before 1/21/86, this option will pay at least 36 months of benefits.
- In lieu of monthly benefits, your beneficiary may elect to receive the total amount of employer contributions in an actuarially-equivalent lump sum.
- There is no waiting period for this option.
- **If you are married**, you may elect this option as long as your spouse consents in writing on the attached form. You may revoke your election of form of benefit or your designation of a beneficiary, and your spouse may revoke his or her consent, any time before you die or retire, by submitting a new form.
- **If you are not married**, you may designate any person(s) or a trust to be your beneficiary (ies) for this benefit by completing the accompanying form.
- **If you elect this benefit for your domestic partner**, your domestic partner will not be eligible to choose the 50% domestic partner survivor annuity below after you die.

#### 2. **50% Survivor Annuity for Spouse**

- This is a monthly benefit to your spouse for life.
- The amount of this benefit is **50%** of your normal retirement benefit, less reductions for age and form of benefit.
- This benefit may begin at your spouse’s election any time after you would have been eligible for early retirement. *For example, if you are in your 20s when you die, your spouse would need to wait several decades to collect this benefit.*

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### PRE-RETIREMENT DEATH BENEFITS *(continued)*

3. **50% Survivor Annuity for Domestic Partner** (as defined by the Plan and designated by you as your beneficiary)

- This is a monthly benefit to your domestic partner for life.
- This survivor annuity is equal to 50% of the monthly benefit that would have been payable to you on the basis of your accrued benefits computed as of the date of your death, less reductions for age and form of benefit.
- This benefit must begin at your domestic partner’s election, within one year of your death, as long as you did not elect the optional pre-retirement benefit before you died.

4. **100% Survivor Annuity**

- This option is only available if you elect it in advance of your death and retirement.
- This is a monthly benefit to your spouse for life.
- The amount of this benefit is **100%** of your normal retirement benefit, less reductions for age and for form of benefit.
- This benefit may begin at your spouse’s election any time after you would have been eligible for early retirement. *For example, if you are in your 20s when you die, your spouse would need to wait several decades to collect this benefit.*
- You may elect this option if your spouse consents in writing on the attached form.
- You may revoke your election of form of benefit or your designation of a beneficiary, and your spouse may revoke his or her consent, any time before you die or retire, by submitting a new form.
- This election is not valid for **four years**, during which your spouse remains eligible to elect the Plan’s other death benefits.
- *There is an **additional** reduction for this benefit (which does not apply to the standard 50% Survivor Annuity), to account for the fact that your spouse will receive a larger benefit once you die.*
  - Once this option is in effect, there is a reduction to your normal retirement benefit single life annuity.
  - For every year this benefit is in effect before you have attained age 55, the reduction is 1/4 of 1% (0.25%) of your monthly pension benefit.
  - For every year this benefit is in effect after you have attained age 55, the reduction is 1/2 of 1% (0.50%) of your monthly pension benefit.
- **Example:** You both are the same age. You have 25 Benefit Credits and you began covered work before May 1, 2017. You elect this option at exactly age 50. You die at exactly age 60 with an accrued benefit of \$3,000.

Ages 50-53: 4-year waiting period (no reduction applies)

Age 54:  $0.25\% \times \$3,000 = \$7.50$  reduction

Ages 55-59:  $0.50\% \times \$3,000 \times 5 \text{ years} = \$75$  reduction

Your accrued benefit of \$3,000 would be reduced by \$82.50 (\$7.50 + \$75) for an adjusted accrued benefit of \$2,917.50. This new amount would then be used to calculate the other reductions for age and form of benefit elected by your spouse in the future once you would have been eligible for retirement.

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## BENEFIT ELECTION & DESIGNATION OF BENEFICIARY FORM

### Participant's Information

First	Middle	Last	Date of Birth
Address		City	State Zip Code
Social Security No.		Email	

### ***I hereby elect the following pre-retirement death benefits (check one):***

- ☐ I revoke my previous election.
- ☐ I elect nothing at this time and understand that my beneficiaries designated below will be provided with choices upon my death.
- ☐ I am single, and I designate the following person(s) or trust as my beneficiary(ies.)
- ☐ I am married and elect the Optional Pre-Retirement Death Benefit for the beneficiary(ies) designated below.\*
- ☐ I am married and elect the 100% Pre-Retirement Survivor Annuity for my spouse. I understand the additional reduction formulas that will be applied to my pension benefits to "pay" for this "protection" on behalf of my spouse. \*
- ☐ I have named my domestic partner as a beneficiary, but I want my domestic partner to receive the Optional Pre-Retirement Death Benefit.

*\* These options are allowed only if your spouse consents in writing on the following page.*

### ***I hereby designate the following person(s) or trust to receive my pre-retirement death benefits under the Plan and revoke all prior designations:***

#### Primary Beneficiary\*

First	Middle	Last	Date of Birth
Address		City	State Zip Code
Social Security No.		Email	

#### Contingent Beneficiary\*

First	Middle	Last	Date of Birth
Address		City	State Zip Code
Social Security No.		Email	

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*To name more than one beneficiary attach a separate sheet with complete information for each person named.*

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## CONSENT OF SPOUSE

Spouse's Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Spouse's Email: \_\_\_\_\_

I understand that I have the right to be the sole beneficiary of my spouse's Plan death benefits, and to elect either the 50% Survivor Annuity or the Optional Pre-Retirement Death Benefit if my spouse dies before retirement, unless I consent to my spouse's election of another form of benefit and/or designation of other person(s) or a trust as beneficiary(ies). I understand that I may revoke this consent, at any time before my spouse dies or retires, by submitting a new form.

Check one:

- ☐ I consent to the election of the 100% Survivor Annuity, with myself as beneficiary.
- ☐ I consent to the election of the Optional Pre-Retirement Death Benefit and to the designation of the person(s) or trust named above as beneficiary (ies).
- ☐ I revoke my prior consent to my spouse's form of benefit or designation of beneficiary.  
(A spouse may submit this form to revoke consent without the member's signature.)

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

(Spouse's signature must be notarized or witnessed by a Plan representative)

Plan Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

(Or have notarized below/attach Notary's Certificate)

### ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of \_\_\_\_\_)

On \_\_\_\_\_ before me, \_\_\_\_\_  
(insert name)

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 authorized capacity(ies), and that 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 \_\_\_\_\_ (Seal)

**Return form to:** U.A. Local No. 393 Trust Funds  
P.O. Box 2460  
San Jose, CA 95109-2460

**Questions?** Call (408) 588-3751  
or email [Staff@UALocal393Benefits.org](mailto:Staff@UALocal393Benefits.org)