

# **U.A. LOCAL NO. 393 DEFINED CONTRIBUTION PLAN**

## **DESIGNATION OF BENEFICIARY and SPOUSAL CONSENT**

If you are married, you may name a beneficiary other than your spouse only with your spouse's consent.

**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 below. 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.

### **EMPLOYEE'S DESIGNATION OF BENEFICIARY**

#### Employee's Information

First	Middle	Last	
No. and Street	City	State	Zip Code

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

#### Primary Beneficiary\*

First	Middle	Last	Relationship
No. and Street	City	State	Zip Code

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

#### Contingent Beneficiary\*

First	Middle	Last	Relationship
No. and Street	City	State	Zip Code

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Employee's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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

The following Spousal Consent should only be completed if you are naming someone other than your spouse as the Primary Beneficiary:

## **CONSENT OF SPOUSE**

I understand that I have the legal right to be the sole beneficiary of my spouse's Defined Contribution Plan account and that my spouse may not name any person or entity other than me as his/her beneficiary unless I give my written consent below.

I hereby agree to the designation of the trust or person(s) named above as beneficiary(ies) of my spouse's Defined Contribution Plan account instead of myself.

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

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

**Plan Representative's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Or attach Notary's Certificate)

**Return completed and signed form to:**

U.A. Local No. 393 Trust Fund  
P. O. Box 2460  
San Jose, CA 95109-2460  
or  
Staff@ualocal393benefits.org

**Questions?**

If you have any questions about this form, please call the Fund Office at (408) 588-3751.