
Western States 401(k) Retirement Fund of the OPEIU
c/o John Hancock Retirement Plan Services, LLC
P.O. Box 940
Norwood, MA 02062-0940



Visit us at myplan.johnhancock.com or
call us at 1.833.388.6466.

Re: Beneficiary Designation

Enclosed is your **BENEFICIARY DESIGNATION FORM**. Use this form to designate the individual(s) who will receive payment of your vested account in the event of your death. ***Please follow the instructions in this package carefully.***

To process your request, follow all steps below:

- ☐ *Step 1: check your marital status in the Beneficiary Designations section*
- ☐ *Step 2: provide all requested information for each beneficiary named in the Beneficiary Designations section*
- ☐ *Step 3: obtain your spouse's written and witnessed consent in the Beneficiary Designations section only if you are married and name a primary beneficiary other than your spouse*
- ☐ *Step 4: assign a percentage of your vested account to each beneficiary (must total 100%)*
- ☐ *Step 5: sign the **BENEFICIARY DESIGNATION FORM** where indicated in Signature section*
- ☐ *Step 6: return all pages of the **BENEFICIARY DESIGNATION FORM** (even if there is no election made on the page)*

Return form to:

Western States 401(k) Retirement Fund of the OPEIU, PMB #116, 5331 S Macadam Ave, Ste 258, Portland, OR 97239.

You may choose anyone to be your beneficiary under the Plan. Under the federal tax laws, if you are married and name someone other than your spouse as your beneficiary, you may do so only with your spouse's written and witnessed consent by a Notary Public or Plan Representative. If you do not designate a beneficiary, or if your designated beneficiary dies before you do, the Plan provides that your beneficiary will be your surviving spouse, or if none, surviving children by right of representation, or if none, surviving parents, or if none, surviving brothers and sisters and nephews and nieces who are children of deceased brothers and sisters, or if none, your estate.

Please note that forms returned without original signatures or all necessary attachments, if applicable, will be denied and returned to you to fill out properly. Returning forms to you for correction will delay the processing of your transaction. If you do not return the completed form(s) within 180 days from the date of this letter, you will be required to obtain a new form package.

If you have any questions about the above, please log on to myplan.johnhancock.com or call 1.833.388.6466. The automated information line is available 7 days a week, 24 hours a day. Participant Service Representatives are available Monday through Friday, 8:00 a.m. to 10:00 p.m. Eastern Time, except on New York Stock Exchange holidays.

Thank you.



LO17025010

BENEFICIARY DESIGNATION FORM
Western States 401(k) Retirement Fund of the
OPEIU

NOTE: If you choose to name more than two Primary and/or Secondary Beneficiary(ies), please attach a separate sheet of paper with your additional designations. You must also sign and date the additional sheet of paper. If you are married and designate additional primary beneficiaries, your spouse's certification must be notarized by a Notary Public or witnessed by a Plan Representative.

PARTICIPANT'S NAME	SOCIAL SECURITY NO.

I. BENEFICIARY DESIGNATIONS

A. PRIMARY BENEFICIARY DESIGNATION

MARITAL STATUS ☐ **Married** ☐ **Not Married or Widowed** ☐ **Divorced**

If I am married and have not designated my spouse as my sole primary beneficiary, this designation of beneficiary will not be effective unless consented to by my spouse below. If I am not married on the date I sign this Beneficiary Designation Form, but subsequently become married prior to benefit commencement, I understand that this designation of beneficiary shall cease to be effective upon my marriage. I hereby agree to notify the Plan Administrator in writing in the event my marital status changes.

I hereby designate as my beneficiary the person(s) listed below who survive me. If more than one person is listed, benefits shall be divided according to the percentages indicated. I understand that if I designate more than one beneficiary below, the percentages **MUST** add up to 100%. If more than one person is listed and no percentages are indicated or the percentages do not add up to 100%, benefits shall be paid in equal shares to my primary beneficiary(ies) who survive me. If a percentage is indicated and a primary beneficiary(ies) does not survive me, the percentage of that beneficiary's share shall be divided among the surviving primary beneficiary(ies) in proportion to the percentages shown for such beneficiary(ies) below.

1 _____ Name	_____ Date of birth	_____ Social Security number	
_____ Relationship	_____ Address		[] % Percentage
2 _____ Name	_____ Date of birth	_____ Social Security number	
_____ Relationship	_____ Address		[] % Percentage
Total =			100%

SPOUSAL CONSENT

I hereby consent to my spouse's designation of the beneficiary(ies) listed above. I understand that my spouse cannot change any primary beneficiary in the future without my written consent. I understand that I do not have to sign this consent. I am signing this consent voluntarily. I further understand that if I do not sign this consent, I will be entitled to receive any benefit payable under the Plan as a result of my spouse's death.

Signature of Participant's Spouse: _____



BENEFICIARY DESIGNATION FORM
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PARTICIPANT'S NAME	SOCIAL SECURITY NO.

WITNESSED BY NOTARY PUBLIC

State of _____, County of _____, ss. On this, the ____ day of _____, 20____, before me personally appeared _____ known (or satisfactorily proven) to me to be the person who executed the foregoing Spousal Consent and acknowledged that he or she executed the same as his or her free act and deed. In witness whereof, I hereunto set my hand and official seal.

Signature of Notary (SEAL)

My Commission Expires: ____/____/____

or

WITNESSED BY PLAN REPRESENTATIVE

Signed on _____, 20____ in the presence of: _____

B. SECONDARY BENEFICIARY DESIGNATION

If no primary beneficiary listed in Part A above survives me, I hereby designate as my beneficiary the person or persons listed below who survive me. I understand that if I designate more than one beneficiary below, **the percentages must add up to 100%**. Payment to secondary beneficiaries will be made according to the rules of succession described for Primary Beneficiary.

❶		/ /		
	Name	Date of birth	Social Security number	
				[] %
	Relationship	Address		Percentage
❷		/ /		
	Name	Date of birth	Social Security number	
				[] %
	Relationship	Address		Percentage
				Total = 100%

II. SIGNATURE

I understand that distribution of benefits to my designated beneficiary or beneficiaries shall be made in accordance with the terms of the Plan. **I also understand that this beneficiary designation supersedes any beneficiary designation currently in effect.**

Signature of Participant: _____ Date: _____

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