



BENEFICIARY DESIGNATION FORM

Participant Name _____ **SSN** _____ **DOB** _____

Address _____

Phone _____ **Email:** _____

Check box if new address to update.

Please indicate below the person(s) you wish to name as beneficiary (ies) of any death benefits through the Western States Insulators & Allied Workers Plans. If you are married and you have designated someone other than your spouse, the Spousal Consent portion must be completed and notarized before it will be accepted by the Trustees.

The Primary Beneficiary is the person who will be paid benefits upon your death. If your Primary Beneficiary is deceased when benefits are to be distributed, then benefits will be paid to your Contingent Beneficiary. You may designate multiple Primary or Contingent Beneficiaries.

PENSION PLAN

Primary Beneficiary _____ SSN _____

Address _____

DOB _____ Relationship _____

Contingent Beneficiary _____ SSN _____

Address _____

DOB _____ Relationship _____

INDIVIDUAL ACCOUNT PLAN

Primary Beneficiary _____ SSN _____

Address _____

DOB _____ Relationship _____

Contingent Beneficiary _____ SSN _____

Address _____

DOB _____ Relationship _____



Western States Insulators and Allied Workers' Pension Plan
Western States Insulators and Allied Workers' Individual Account Plan
Western States Insulators and Allied Workers' Health Plan

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If you would like to designate multiple Primary or Contingent beneficiaries, please attach an additional paper with the information above for each beneficiary.

I designate the Beneficiary (ies) named on this form as my Beneficiary(ies) under the Western States Insulators Plans named above.

Signature _____ Date _____



Western States Insulators and Allied Workers' Pension Plan
Western States Insulators and Allied Workers' Individual Account Plan
Western States Insulators and Allied Workers' Health Plan

SPOUSAL CONSENT

I hereby consent to my spouse's designation of the above beneficiary for death benefits payable through the Plans. I fully understand that signing below, I will not be eligible for the receipt of the benefits payable on behalf of my spouse in the event of his or her death.

Spouse Name _____
SSN _____

Spouse Signature _____ Date _____

ACKNOWLEDGMENT BY NOTARY

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, _____,

Notary Public, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary Signature _____