



# ***Oregon Printing Industry Pension Plan***

## **PRE-RETIREMENT DEATH BENEFICIARY DESIGNATION**

In the event I, \_\_\_\_\_ (participant) should die before retirement and am not eligible to receive the pre-retirement spouse monthly death benefit, I hereby designate the following person or persons as my primary death beneficiary or beneficiaries to receive, per capita (divided equally between surviving beneficiaries), any lump-sum death benefit which may be payable from the Trust on account of my death.

### **PRIMARY BENEFICIARY(IES)**

1. Name \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Relationship: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_
2. Name \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Relationship: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_

If no primary death beneficiary survives me, I hereby designate the following person or persons as my secondary death beneficiary or beneficiaries to receive, per capita, any lump sum death benefit which may be payable from the Trust on account of my death:

### **SECONDARY BENEFICIARY(IES)**

1. Name \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Relationship: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_
3. Name \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Relationship: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_

**IF YOU ARE MARRIED AND NOT ELIGIBLE FOR THE SPOUSAL MONTHLY BENEFIT AND DESIGNATED SOMEONE OTHER THAN YOUR SPOUSE AS ONE OF YOUR PRIMARY DEATH BENEFICIARIES, YOUR SPOUSE MUST CONSENT, AS PROVIDED BELOW, TO THE DESIGNATION.**

I understand that I may change this designation of death beneficiary at any time by written notice to the Trustees. This designation revokes any prior beneficiary designation I have made.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

**SPOUSAL CONSENT**

I, \_\_\_\_\_ (Spouse) hereby consent to the above death beneficiary or beneficiaries designation and acknowledge that the effect of my consent is that, in the case of the above named member's death, any lump-sum death benefit payable from the Trust on his/her behalf will be distributed to the death beneficiary or beneficiaries designated above and no portion of the Member's death benefit will be paid to me, unless I am one of the above named beneficiaries.

\_\_\_\_\_  
Spouse's Signature (Sign only in presence of Plan Representative or Notary Public)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Plan Representative

\_\_\_\_\_  
Date

**Notary Public:**

State of \_\_\_\_\_ >

County of \_\_\_\_\_ >

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared \_\_\_\_\_, to be known to be the person described as the spouse in the foregoing document and who executed the above consent and acknowledged to me that she/he executed the same freely and voluntarily for the uses and purposes therein stated.

IN TESTIMONY WHEREOF I have here unto set my signature and affixed my official seal the date hereinabove written.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

(SEAL)

**RETURN COMPLETED FORM TO:**

**OPI PENSION TRUST  
PMB #116 5331 S Macadam Ave., Suite 258  
PORTLAND OR 97239**