

Oregon Printing Industry Pension Plan

PRE-RETIREMENT DEATH BENEFICIARY DESIGNATION

In the event I, _____
(participant) should die before retirement, I hereby designate the following person
or persons as my beneficiary to receive any survivor benefits available under this
pension plan.

BENEFICIARY (SPOUSE ONLY)

1. Name _____

Relationship: _____ Date of Birth _____

Social Security No. _____ Phone No. _____

Address _____

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 _____