

# Western UNITE HERE and Employers Pension Fund

Formerly Known as San Francisco Culinary, Bartenders & Service Employees Pension Fund

## Beneficiary Designation Form

LAST NAME	FIRST NAME		MIDDLE NAME		
STREET ADDRESS		CITY		STATE	ZIP
SOCIAL SECURITY NUMBER			TELEPHONE NUMBER		
DATE OF BIRTH / /	CURRENT MARITAL STATUS (Please Check One) <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced* <input type="checkbox"/> Legally Separated* <input type="checkbox"/> Divorced & Remarried* <input type="checkbox"/> Widow(er)				
SPOUSE'S NAME (If Legally Married)		DATE OF MARRIAGE			
SPOUSE'S SOCIAL SECURITY NO.		IF DIVORCED OR LEGALLY SEPARATED, GIVE DATE (S)			

**\*If you are divorced or legally separated, you must submit a copy of the final judgment(s) of dissolution of marriage(s) or legal separation and any Qualified Domestic Relations Orders to the Plan office, unless you have previously done so.**

In the event of my death, pay any applicable benefits to:

### Primary Beneficiary:

Full Name	SSN	Date of Birth	Relationship	% of Distribution
Address				
Full Name	SSN	Date of Birth	Relationship	% of Distribution
Address				

### Contingent Beneficiary:

Full Name	SSN	Date of Birth	Relationship	% of Distribution
Address				
Full Name	SSN	Date of Birth	Relationship	% of Distribution
Address				

**I am the Participant named above and I hereby revoke any prior designation of beneficiary executed prior to this date.** I hereby designate the above individual(s) as my beneficiary(ies) in the event of my death for any death benefits that may be payable under the Western UNITE HERE and Employers Pension Fund formerly known as San Francisco Culinary, Bartenders and Service Employees Pension Fund.

**I understand that if I am married, my spouse must consent to the designation of any other beneficiary on the form provided by the Administrative Office, and his/her consent must be witnessed by a Plan Representative or Notary Public.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## Beneficiary Designation Form (cont.)

I, \_\_\_\_\_, am the legal spouse of \_\_\_\_\_, a Participant in the Western UNITE HERE and Employers Pension Fund, formerly known as San Francisco Culinary, Bartenders and Service Employees Pension Fund. I agree to the beneficiary designation entered by my spouse on page 1 of this form.

### *Consent to a Primary Beneficiary Other than the Spouse:*

- I understand that by signing this agreement and consenting to my spouse's selection of someone other than myself as the Primary Beneficiary, I will receive nothing from the Plan after my spouse dies (unless I am also named as a Beneficiary, in which case I will receive only the share of the benefits designated for me on this form).
- I understand that my spouse cannot select a different Primary Beneficiary unless I agree to the change.
- I understand that I do not have to sign this agreement. I am signing voluntarily, and I understand that I cannot revoke this consent.

Spouse's Signature

Date

### **THIS SPOUSAL CONSENT MUST BE WITNESSED BY A PLAN REPRESENTATIVE OR NOTARY PUBLIC.**

Plan Representative Witnessing Spousal Consent	Name of Plan Representative (Printed)	Date
STATE OF _____ COUNTY OF _____		
On this the _____ day of _____ 20____, before me, _____, the undersigned Notary Public, personally appeared, _____, [signature] _____,		
<input type="checkbox"/> personally known to me _____ proved to me on the basis of satisfactory evidence		
to be the person whose name was subscribed to the within instrument, and acknowledged that [circle one] <u>He / She</u> executed it.		
WITNESS my hand and official seal.		
Notary's Signature: _____		

Please mail completed form to:

Western UNITE HERE and Employers Pension Fund formerly known as  
SAN FRANCISCO CULINARY, BARTENDERS AND SERVICE EMPLOYEES PENSION FUND  
C/O BENESYS INC.  
P.O. BOX 2030  
SAN RAMON, CA 94583