

## **Southern Nevada Painters and Glaziers Trust Funds**

Glazing Health and Welfare Trust • Southern Nevada Glaziers and Fabricators 401(k) Pension Trust Fund • Painters and Floorcoverers Joint Committee Trust • Painters, Glaziers & Floorcoverers Joint Apprenticeship & Journeyman Training Trust • Southern Nevada Painters Market Recovery Trust • Painters, Glaziers and Floorcoverers Safety Training Trust Fund • Southern Nevada Painters, Decorators and Glaziers LMCC Trust

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### **BENEFICIARY DESIGNATION FORM**

Print Member Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I, the undersigned, hereby designate the person(s) named below as beneficiary of my applicable benefits in the Southern Nevada Glaziers and Fabricators 401(k) Pension Trust Fund.

***\*If married, you MUST designate your spouse, unless you provide spousal consent.***

Beneficiary Name: \_\_\_\_\_

DOB \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

### **IMPORTANT: PLEASE READ CAREFULLY**

**If you are married and choose to designate a beneficiary other than your spouse, your spouse MUST consent to the proposed designation of beneficiary(s) by signing below before a notary.**

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

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Spousal Consent to Alternate Beneficiary Designation as noted above**

**THIS SECTION TO BE COMPLETED BY NOTARY PUBLIC**

**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 TRUTHFULLNESS, ACCURACY, OR VALIDITY  
OF THAT DOCUMENT.**

State of \_\_\_\_\_ County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_, personally  
appeared \_\_\_\_\_ who proved

to me on basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribe to the within instrument and acknowledge to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s) or the entity upon behalf of which the person(s) 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. \_\_\_\_\_

Signature of Notary