



WESTERN INDEPENDENT SHOPS PENSION PLAN

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Beneficiary Election Form

Participant Name _____ SSN _____ DOB _____

Address _____

Spouse Name _____ SSN _____ DOB _____

Below please indicate the person(s) you wish to name as beneficiary(ies) of any death benefits through the above listed Pension Fund.

Note: If you are legally married at the time of your death Federal law and the Pension Plan require that benefits be paid to your surviving spouse, unless your spouse consents to the payment of the benefit to someone else. To make that type of change, the Pension Plan will require a notarized statement from your spouse – see bottom of form for notarized consent by your spouse.

Beneficiary Designation

This designation is for: Pension only Annuity only Pension and Annuity

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

Primary Beneficiary _____ SSN _____ DOB _____

Address _____ Relationship _____

Contingent beneficiary(ies) would receive benefits ONLY if there is no Primary beneficiary(ies) living at the time death benefits become payable

Contingent Beneficiary _____ SSN _____ DOB _____

Address _____ Relationship _____

Percentage of benefit _____

Contingent Beneficiary _____ SSN _____ DOB _____

Address _____ Relationship _____

Percentage of benefit _____

I understand that this beneficiary designation cancels any previous designation I may have made and will be effective when received in the Fund office and only if received prior to my death. Further, I understand that this designation shall be cancelled if my current marriage ends and I remarry, which would make my legal spouse at the time of my death my new primary beneficiary.

Participant Signature _____ Date _____