

**IRON WORKERS DISTRICT COUNCIL OF WESTERN NEW YORK AND VICINITY
ANNUITY FUND**

BENEFICIARY DESIGNATIONS

IF YOU ARE MARRIED, YOUR SPOUSE WILL AUTOMATICALLY RECEIVE A BENEFIT EQUAL TO THE VALUE OF YOUR INDIVIDUAL ACCOUNT UPON YOUR DEATH IF YOU WERE MARRIED FOR AT LEAST ONE YEAR AT THE TIME OF YOUR DEATH.

If you are married and want to designate someone other than your spouse as your primary beneficiary, your spouse must sign the Spousal Consent under Section 5 below. Please read the Spousal Consent section of this form as well as the Annuity Fund Summary Plan Description for more details.

1. PARTICIPANT INFORMATION

Participant's Name				Date of Birth
Address	City	State	Zip	Social Security No.
Phone No(s).				

2. PRIMARY BENEFICIARY OR BENEFICIARIES*

Name(s) of Primary Beneficiary/Beneficiaries				Date(s) of Birth
Address(es)	City	State	Zip	Social Security No(s).
Phone No(s).	RELATIONSHIP			Percentage**

Name(s) of Primary Beneficiary/Beneficiaries

Date(s) of Birth

Address(es) City State Zip

Social Security No(s).

Phone No(s).

RELATIONSHIP

Percentage**

3. ALTERNATE BENEFICIARY OR BENEFICIARIES

***IN THE EVENT THAT NONE OF THE PRIMARY BENEFICIARIES DESIGNATED ABOVE SURVIVE ME I HEREBY DESIGNATE THE FOLLOWING ALTERNATE BENEFICIARY OR BENEFICIARIES**

Name(s) of Alternate Beneficiary/Beneficiaries

Date(s) of Birth

Address(es) City State Zip

Social Security No(s).

Phone No(s).

RELATIONSHIP

Percentage**

Name(s) of Alternate Beneficiary/Beneficiaries

Date(s) of Birth

Address(es) City State Zip

Social Security No(s).

Phone No(s).

RELATIONSHIP

Percentage**

****If multiple beneficiaries are named above, they will be entitled to equal shares unless otherwise specified. In the event that all beneficiaries die prior to receiving all benefits under the Plan, all remaining payments will be made in accordance with the terms of the Plan.**

4. MARITAL STATUS

I certify that I am (check one):

____ Married (If you are married, your spouse must complete Section 5 below, if you name anyone other than your spouse as your beneficiary).

____ Not married (If you later marry, your new spouse will automatically become your beneficiary, unless you complete a new Beneficiary Designation Form and your new spouse completes Section 5 below).

5. SPOUSAL CONSENT FOR DESIGNATION OF ANNUITY FUND BENEFICIARY(IES)

*This section must be completed by your spouse if you are married and your designated primary beneficiary is **not your spouse**.*

I understand that by signing this form I am waiving my rights as beneficiary of any payments due from the Plan and that I am consenting to the designation of beneficiary(ies) named above. I understand that by signing this Spousal Consent, I may receive less money than I would have if I was designated as the primary beneficiary above. I also understand that this election is irrevocable without my consent, unless my spouse revokes the designation of the beneficiary(ies) named above and appoints me as primary beneficiary. I further understand, that by signing this Spousal Consent, I may receive no benefits under the Plan upon my spouse's death. I understand that I DO NOT have to sign this Spousal Consent. I am signing this Spousal Consent voluntarily.

Spouse's Signature _____
Date

NOTARY PUBLIC

State of _____)

County of _____) ss.:

Subscribed and Sworn to before me, this ____ day of _____, 20__.

(Notary Public)

6. PARTICIPANT SIGNATURE

I hereby name the beneficiary(ies) indicated above and revoke any previous designation(s) made under the Plan. I understand that if I am married, my spouse must consent to the designation of anyone other than my spouse as primary beneficiary.

Participant's Signature

Date