

RETIREMENT SAVINGS FUND, LOCAL 130, U.A.

1340 W. Washington Blvd. 3rd Floor Chicago, IL 60607

BENEFICIARY DESIGNATION FORM

Participant Information – Please print.

Name _____ Date of Birth _____

Address _____

Social Security # Last 4: _____

I am: Married Not Married

If married, the Plan requires your spouse to be named as Primary Beneficiary for 100% of your account balance, or your spouse must consent to a different beneficiary designation.

If married, Spouse Information:

Name _____ Date of Birth _____

If you are Not married designate a Primary Beneficiary(ies) - If more than one beneficiary, indicate percentage to each.

Name _____ Relationship: _____

Date of Birth _____ Percent _____%

Name _____ Relationship: _____

Date of Birth _____ Percent _____%

Alternate Beneficiary - If none of the Primary Beneficiary(ies) survive me, pay my account balance under the Plan to the following Alternate Beneficiary(ies):

Name _____ Relationship: _____

Date of Birth _____ Percent _____%

Name _____ Relationship: _____

Date of Birth _____ Percent _____%

Participant Signature - If no designated beneficiary survives me, my undistributed account balance shall be paid as provided in the Plan. I reserve the power to change, modify or revoke this designation in writing at any time before my death, with the consent of my spouse, if I am married.

Participant Signature: _____ Date: _____

See Reverse Side

**IF YOU ARE MARRIED, YOU MAY DESIGNATE A BENEFICIARY OTHER THAN YOUR SPOUSE.
YOUR SPOUSE MUST SIGN THE SPOUSAL CONSENT FORM BEFORE A NOTARY PUBLIC.**

Spousal Consent

"I hereby consent to my spouse having named the above Person(s) and not myself as Primary Beneficiary under this Plan. I also consent to the alternate beneficiaries named above if I am not included among those named. I am aware that I am entitled to be the Primary Beneficiary and I hereby waive that right. Further, I acknowledge that I understand that (1) the effect of this designation is to cause the payment of my Spouse's death benefit to a Beneficiary other than me; (2) That the Beneficiary designation is not valid unless I consent to it; and (3) That my consent is irrevocable unless my spouse revokes the Primary or Alternate Beneficiary Designation.

I have executed this consent this _____ day of _____, 20_____.

Signature of Spouse of Participant

STATE OF _____

COUNTY OF _____

BEFORE ME, the undersigned, a Notary Public in and for said State and County, on this day personally appeared _____, known to me to be the person whose name is subscribed on the foregoing instrument, and acknowledge that of his/her own free will he/she executed the same.

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal this _____ day of _____, 20_____.

(SEAL)

Notary Public

Commission expires _____

ADDITIONAL BENEFICIARIES – Circle either P / Primary or A / Alternate:

Name _____ Relationship: _____

Date of Birth _____ Percent _____% **P OR A**

Name _____ Relationship: _____

Date of Birth _____ Percent _____% **P OR A**

Name _____ Relationship: _____

Date of Birth _____ Percent _____% **P OR A**

Name _____ Relationship: _____

Date of Birth _____ Percent _____% **P OR A**