

November 2007

**To: All Active (Non-Retired) Participants in the Pension Plan**

**Re: Revised Order of Beneficiaries for the Pre-retirement Death Benefit**

Please be advised that effective January 1, 2008, the order of beneficiaries for the Pre-retirement Death Benefit has been modified as indicated below. As explained below, the change is that “designated beneficiaries” will now receive benefits prior to minor children of the deceased participant, and all children of the deceased participant will share equally in benefits should benefits become payable to the children by virtue of their status as “legal beneficiaries.” The purpose of this change is so that the order of beneficiaries for the pre-retirement death benefit is consistent with the order of beneficiaries for other benefits under the Plan.

### **What is the Pre-Retirement Death Benefit?**

If a participant has earned sufficient pension credit to become eligible for pension benefits (in other words, if the participant is “vested”), by having at least:

- a) 15 years of Pension Credit or Combined Pension Credit; *or*
- b) 10 years of Future Service Credit; *or*
- c) 5 years of Vesting Service or 5 years of Future Service Credit,

but dies before retirement, a pre-retirement death benefit of 84 monthly payments (7 years) of pension benefits may be available to his beneficiary. In general terms, the pre-retirement death benefit will be calculated based on what the participant would have been entitled to had he retired at age 65. (If the participant was married at the time of his death, his surviving spouse has a choice of electing either the pre-retirement death benefit, or, a 50% husband-and-wife pension).

### **Who is my Beneficiary?**

If the participant was not married or was married for less than one year at the time of his death, or if his surviving spouse dies before the receipt of 84 monthly payments under the pre-retirement death benefit, then the monthly payments shall become payable to the participant’s designated beneficiary or beneficiaries indicated on the enclosed form, as explained below. (Prior to January 1, 2008, your minor children came before your designated beneficiaries) If there is no designated beneficiary(ies) on file, benefits will be paid to your “legal” beneficiary or

beneficiaries, if any, in the following order: the participant's children, including legally adopted children; the participant's parents; the participants siblings; and the executor or administrator of the participants' estate. If two or more persons in a class of legal beneficiaries are entitled to benefits, they shall share equally. If there is no legal beneficiary, no remaining benefits shall be paid.

To ensure that benefits are paid appropriately and in accordance with your wishes in the event of your death, **please complete and return the enclosed Pre-Retirement Death Benefit Beneficiary Form to the Administrative Office.** A pre-addressed envelope is enclosed for your convenience. Please note only signed and dated forms are considered valid.

If your marital status changes, please be sure to notify the Administrative Office in writing, and request a new Pre-Retirement Death Benefit Beneficiary Form. In the event of a divorce or death of a spouse, a copy of your divorce decree or the death certificate must also be submitted.

You may also download a copy of the Pre-Retirement Death Benefit Beneficiary Form from our website ([www.sheetmetalsam.org](http://www.sheetmetalsam.org)) at any time, and submit the completed form to the Administrative Office.

For more detailed information about the Pre-Retirement Death Benefit, please refer to pages 35-36 of the current Pension Plan booklet (white with green lettering, dated July 2006).

If you have any questions regarding this matter, please contact the Administrative Office at 800-947-4338.

\* \* \* \* \*

**Designation of Beneficiary for Pre-Retirement Death Benefits --  
for Active (Non-Retired) Participants**

\_\_\_\_\_  
First Name Last Name SSN or ID #  
\_\_\_\_\_  
Address (is this a new address?  yes  no) City State Zip

If you die before retirement, and earned sufficient Pension Credit to be eligible for pension benefits (and did not work in Noncovered Sheet Metal Service during the year of your death or either of the two preceding years), your surviving spouse will receive the 50% Husband-and-Wife Pension after your death, unless your spouse elects to receive instead 84 monthly payments of your Normal Retirement Age single life pension amount. If your surviving spouse elects the 84 monthly payments option and dies before receiving all payments, remaining payments will be paid to the beneficiary or beneficiaries you designate below. If you are not married, or were married less than one year on your date of death, then the beneficiary or beneficiaries you designate below will receive 84 monthly payments. If your primary beneficiary dies before receiving all payments, your alternate beneficiary will receive the remaining payments. If you do not designate a beneficiary, or if the designated beneficiary or beneficiaries die before receiving all payments, remaining payments will be made to your legal beneficiary or beneficiaries in accordance with applicable law, in the following order: children, parents, siblings, and legal estate. If there are no remaining beneficiaries, no further benefits will be paid.

I, a participant in the Sheet Metal Workers' Pension Plan of Southern California, Arizona and Nevada (the "Plan") wish to designate the following beneficiary or beneficiaries to receive any Pre-Retirement Death Benefits that may become payable to a designated beneficiary in the event I die before receiving pension benefits under the Plan. I understand that if I designate two or more beneficiaries in a particular class of beneficiaries (primary or alternate), and do not indicate the percentage of benefits ("Share Percentage") each is to receive, all such beneficiaries with unspecified share percentages will receive equal shares. **I hereby designate the following beneficiary or beneficiaries:**

**PRIMARY BENEFICIARY (OR BENEFICIARIES)**

Name of beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of beneficiary: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Share Percentage: \_\_\_\_\_

Name of beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of beneficiary: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Share Percentage: \_\_\_\_\_

***Please also complete and sign the reverse. Incomplete forms are not valid.***

**ALTERNATE BENEFICIARY OR BENEFICIARIES**  
**(in the event of death of Primary Beneficiary or Beneficiaries)**

Name of beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of beneficiary: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Share Percentage: \_\_\_\_\_

Name of beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of beneficiary: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Share Percentage: \_\_\_\_\_

**I hereby revoke any previous beneficiary designation.**

**Participant's Signature:** \_\_\_\_\_  
**(this form must be signed AND dated in order to be valid)**

\_\_\_\_\_  
**Date Signed**

( ) \_\_\_\_\_  
**Telephone Number**