

Sheet Metal Workers' Pension Plan of Southern California, Arizona and Nevada

P.O. Box 10067, Manhattan Beach, CA 90266-8567 Phone: (800) 947-4338

Designation of Beneficiary for Pre-Retirement Death Benefit – Non-Retired Participant

_____	_____	_____	(____) _____
First Name	Last Name	Social Security Number	Telephone Number

Address	(is this a new address? <input type="checkbox"/> yes <input type="checkbox"/> no)	City	State Zip

I understand that if I have earned sufficient Pension Credit to be eligible for pension benefits and I die before retirement, 84 monthly payments will be paid to my surviving spouse, unless my spouse elects payment under the 50% Husband-and-Wife Option (providing that we have been married at least one year as of my date of death). If there is no surviving spouse at the time of my death, or if the spouse dies before receiving 84 monthly payments, then the remainder of the 84 monthly payments will be made to my surviving minor child, or equally to my surviving minor children. Otherwise, payments will be made to my designated beneficiary(ies). If I do not designate a beneficiary, or if the designated beneficiary dies before receiving all payments, all or remaining payments will be made to my legal beneficiary(ies) in accordance with applicable law. If none, no benefits or remaining benefits shall be paid.

I, a participant in the Sheet Metal Workers' Pension Plan of Southern California, Arizona and Nevada (the "Plan") wish to designate a beneficiary to receive any Pre-Retirement Death Benefits that may become payable to a designated beneficiary in the event that 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(ies):**

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: _____

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