

# SMART LOCAL 265 PENSION PLAN

## DEATH BENEFIT BENEFICIARY DESIGNATION FORM

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Beneficiaries may be a person, trust, estate, or other legal entity. Beneficiaries will receive equal shares, unless specific percentages are indicated. Designated percentages must equal 100%. ***If you have more than 2 primary or contingent beneficiaries, please check the box at the bottom and provide their contact information on the backside of this form.***

### Primary Beneficiary(ies): *(If Trust, give name and date of Trust and include a copy of the Trust Document)*

Last Name	First Name	Social Security Number	Date of Birth	Relationship
1.				
Address:				Percentage:
Email Address:		Phone Number:		
Last Name	First Name	Social Security Number	Date of Birth	Relationship
2.				
Address:				Percentage:
Email Address:		Phone Number:		

### Contingent Beneficiary(ies): *(Used only if the primary beneficiary(ies) predeceases the participant)*

Last Name	First Name	Social Security Number	Date of Birth	Relationship
1.				
Address:				Percentage:
Email Address:		Phone Number:		
Last Name	First Name	Social Security Number	Date of Birth	Relationship
2.				
Address:				Percentage:
Email Address:		Phone Number:		

*By signing this form, I hereby designate the above as beneficiary(ies) of my SMART Local 265 Pension Plan Death Benefit. I understand that, in the event of my death, this benefit shall be paid according to the most recent designation made. I reserve the right to further change the beneficiary(ies) subject to any constrictions, without the consent of any previously named beneficiary(ies). I understand that, if all named beneficiaries are deceased at the time of my death, any remaining benefits shall be paid according to the Plan rules.*

***Your signature must be witnessed by a Fund Office Representative or notarized by a Notary Public.***

Signature \_\_\_\_\_ Date \_\_\_\_\_ Fund Office Representative \_\_\_\_\_ Date \_\_\_\_\_

– **OR – Notary Public**

On the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ before me came \_\_\_\_\_  
to be known and known to me to be the person(s) described in and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed same.

\_\_\_\_\_  
Notary Public

(Notary Seal)

☐ Check here if additional beneficiaries are listed on the backside of this form.