DESIGNATION OF BENEFICIARY

Complete this form in order to designate someone as your beneficiary to receive any death benefits from the Cement Masons Local 780 pension fund that may be payable upon your death. Please note that, if you are married, and you wish to designate someone other than your spouse to receive 50% of your individual account on your death, your spouse must complete the spouses' statement section on this form, otherwise, the fund may not be able to honor your beneficiary designation.

he/she is duly acknowledged to me that he/s	
On the day of to me known and known to me to be the per	, 20 before me came rson described in and who executed the foregoing statement and
Spouse's Signature	Social Security # Date
least 50% of my spouse's account after his/ beneficiary. I will not be paid any death ben	, swear that I am the legal spouse of the employee alt of the above designation of beneficiary, I will not be paid at the death. I hereby consent to the above designation of nefits under the pension fund after my spouse's death. I further as beneficiary to be event of the death of my spouse and I approve such
No	POUSE STATEMENT n- Spouse as beneficiary swear that I am the legal spouse of the employee
Your Signature	Social Security # Date
City, State & Zip Code I am aware that this beneficiary designation spouse has not consented to this designation supersedes any previous beneficiary design	Alternate Beneficiary's Birth Date is null and void if I am married at the time of death and my (unless my spouse is the beneficiary). The beneficiary above ation.
Alternate Beneficiary's Address	Alternate beneficiary's Soc. Sec. Number
Alternate beneficiary	Relationship to me
City, State & Zip Code	Beneficiary's Birth Date
Beneficiary's Address	Beneficiary's Social Security Number
Name of beneficiary	Relationship to me