DESIGNATION OF BENEFICIARY

IMPORTANT NOTICE REGARDING DESIGNATION OF BENEFICIARY

To the Employee: Federal law requires that if you are married, benefits payable under the Plan by reason of your death MUST be paid to your surviving spouse. However, you have the right to designate a beneficiary other than your spouse, provided your spouse consents, in writing, to the designation.

To the Employee's Spouse: If your spouse designates someone other than you as primary beneficiary, the designation will only be effective if you agree to the designation by signing the Spouse's Consent below and it is witnessed by a notary public or Plan representative.

I hereby designate the following individual or individuals as my beneficiary or beneficiaries under the Labor Unions 401(k) Plan, and I hereby revoke any beneficiary designations previously made by me.

Primary Beneficiary(ies)

Name (Last, First Middle)	SSN	DOB	Relationship	Percent

**Please use two (2) forms if you have more beneficiaries

Contingent Beneficiary(ies)

Name (Last, First Middle)	SSN	DOB	Relationship	Percent

**Please use two (2) forms if you have more beneficiaries

_____ _____ _____

Date **Employee Signature** **Employee SSN**

I consent to my spouse's designation of the beneficiary or beneficiaries named above. I understand and agree that, unless I am named as my spouse's primary beneficiary above, I am hereby waiving and relinquishing important survivor benefits under the Plan.

_____ _____

Date **Spouse Signature**

SPOUSAL CONSENT (Only required if Primary Beneficiary is other than spouse)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____)
) ss
County of_____)
Subscribed and sworn to (or affirmed) before me on this _____day of _____, 20_____ by

_____ proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

_____

Notary Public Signature **(*SEAL)***