

DESIGNATION OF BENEFICIARY FORM

Heavy and General Laborers' Funds of New Jersey Local 472 • Local 172
700 Raymond Boulevard • Newark NJ 07105 • Phone: 973-589-5050 • Fax: 973-589-1180

Member Name: _____ SSN: _____ Date of Birth: ____/____/____

Telephone: _____ Email: _____

Cell Phone: _____ Union Local No: _____ Union Book No: _____

COMPLETION OF THIS FORM DOES NOT ENTITLE OR GUARANTEE BENEFITS, YOU MUST BE AN ELIGIBLE PARTICIPANT AT THE TIME OF DEATH

PLEASE SEE REVERSE FOR IMPORTANT INFORMATION

ANNUITY BENEFICIARIES (Percentages MUST total 100%)

Name _____ Social Security Number _____ Address _____ Cell Phone _____ Email _____ Relationship _____ Date of Birth _____ Percentage _____%	Name _____ Social Security Number _____ Address _____ Cell Phone _____ Email _____ Relationship _____ Date of Birth _____ Percentage _____%
Name _____ Social Security Number _____ Address _____ Cell Phone _____ Email _____ Relationship _____ Date of Birth _____ Percentage _____%	Name _____ Social Security Number _____ Address _____ Cell Phone _____ Email _____ Relationship _____ Date of Birth _____ Percentage _____%

LIFE INSURANCE BENEFICIARIES (Percentages MUST total 100%)

Name _____ Social Security Number _____ Address _____ Cell Phone _____ Email _____ Relationship _____ Date of Birth _____ Percentage _____%	Name _____ Social Security Number _____ Address _____ Cell Phone _____ Email _____ Relationship _____ Date of Birth _____ Percentage _____%
Name _____ Social Security Number _____ Address _____ Cell Phone _____ Email _____ Relationship _____ Date of Birth _____ Percentage _____%	Name _____ Social Security Number _____ Address _____ Cell Phone _____ Email _____ Relationship _____ Date of Birth _____ Percentage _____%

I DESIGNATE THE BENEFICIARY(IES) SPECIFIED ABOVE TO RECEIVE BENEFITS UNDER THE PLAN(S) UPON MY DEATH

Member's Signature: _____ Date: _____

INSTRUCTIONS

IF YOU DIE PRIOR TO RETIREMENT, THE DEATH BENEFITS DESCRIBED BELOW WILL BE PAYABLE TO YOUR SURVIVING SPOUSE OR BENEFICIARY(IES). THE LAST WRITTEN BENEFICIARY DESIGNATION FORM THAT HAS BEEN PROPERLY COMPLETED AND SIGNED BY YOU AND RECEIVED BY THE FUND OFFICE WILL DETERMINE WHO IS ELIGIBLE TO RECEIVE YOUR BENEFITS AFTER YOUR DEATH. YOU MAY CHANGE YOUR BENEFICIARY(IES) AT ANY TIME BY WRITING, CALLING OR VISITING THE FUND OFFICE TO REQUEST THE APPROPRIATE FORMS. PERCENTAGES ON THE BENEFICIARY DESIGNATION FORM MUST TOTAL 100%. IF THE PERCENTAGES ARE NOT ENTERED, OR DO NOT EQUAL 100%, BENEFITS WILL BE EQUALLY DISTRIBUTED AMONG THE DESIGNATED BENEFICIARIES.

ANNUITY PLAN

IF YOU ARE MARRIED, OR IN A CIVIL UNION OR SAME-GENDER MARRIAGE, AND YOU DIE BEFORE RECEIVING A DISTRIBUTION OF YOUR INDIVIDUAL ACCOUNT, AT LEAST 50% OF YOUR INDIVIDUAL ACCOUNT WILL BE PAID TO YOUR SURVIVING SPOUSE OR SPOUSAL EQUIVALENT. YOU MAY NAME ANY BENEFICIARY(IES) FOR THE REMAINING 50% OF YOUR INDIVIDUAL ACCOUNT, INCLUDING YOUR SPOUSE OR SPOUSAL EQUIVALENT. IF YOU ARE NOT MARRIED OR IN A CIVIL UNION OR SAME-GENDER MARRIAGE, YOU MAY NAME ANY BENEFICIARY(IES) TO RECEIVE YOUR ENTIRE INDIVIDUAL ACCOUNT. IF YOU DO NOT DESIGNATE A BENEFICIARY(IES), OR YOUR BENEFICIARY(IES) DIES BEFORE YOU, YOUR BENEFITS WILL BE PAID TO YOUR ESTATE.

LIFE INSURANCE

A LIFE INSURANCE BENEFIT WILL BE PAID TO YOUR BENEFICIARY(IES) IN THE EVENT OF YOUR DEATH FROM ANY CAUSE AT ANY TIME PROVIDED YOU ARE ELIGIBLE FOR COVERAGE AT THE TIME OF YOUR DEATH. YOUR BENEFICIARY(IES) MAY BE ANY PERSON OR PERSONS YOU NAME AT THE TIME OF ENROLLMENT. YOUR LIFE INSURANCE DESIGNATED BENEFICIARY(IES) WILL BE APPLIED TO THE ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE AND THE ACCIDENTAL DEATH ON THE JOB INSURANCE. PAYMENTS WILL BE MADE PROVIDED YOU ARE ELIGIBLE FOR THE COVERAGE AT THE TIME OF YOUR DEATH. THE NAMED BENEFICIARY(IES) WILL ALSO BE APPLIED TO YOUR VACATION BENEFIT. IT IS IMPORTANT THAT YOU NAME YOUR BENEFICIARY(IES). IF YOU DO NOT NAME A BENEFICIARY(IES) OR IF YOUR BENEFICIARY(IES) IS NOT LIVING AT THE TIME OF YOUR DEATH, YOUR BENEFIT WILL BE PAID TO YOUR SURVIVOR(S) AS LISTED IN THE WELFARE SUMMARY PLAN DESCRIPTION. PLEASE REFER TO THE WELFARE SUMMARY PLAN DESCRIPTION FOR MORE DETAILED INFORMATION OR CONTACT THE FUND OFFICE FOR A COPY OF THE RULES AND REGULATIONS FOR THE PLAN.