Sheet Metal Workers Local 7, Zone 2 Pension Plan

Beneficiary Designation Form

Participant's Name:				SSN XXX-XX
	First	Initial I	Last	Date of Birth
Participant's Address:				
Participant's Phone:				

Please contact the Trustees if any of the information listed above changes.

Part 1 Explanation

The Plan provides a monthly benefit for surviving spouses, a lump sum benefit for other beneficiaries, or both, depending on the circumstances, when participants die before their retirement benefit payments begin. If the surviving spouse benefit is payable, the lump sum death benefit is reduced by the actuarial value of the surviving spouse benefit.

If you have been married for at least one year at the time of your death, and your spouse survives you, your spouse will be entitled to the monthly surviving spouse benefit.

You may designate one or more beneficiaries, including your spouse, for the lump sum death benefit. If you are married, your spouse is the beneficiary, even if you have been married for less than one year, unless you have designated another beneficiary with your spouse's consent.

If your marital status changes, you should review your beneficiary designation and consider whether it is still appropriate under the circumstances. For example, if you get married, your new spouse will become the beneficiary of the lump sum death benefit, regardless of any prior beneficiary designation.

Part 2 of this form requests information about your marital status. Part 3 allows you to make a beneficiary designation. Part 4 is where you sign, date, and certify that the information you have provided is correct. Part 5 is where your spouse must consent if you are making a beneficiary designation that requires spousal consent.

You should consult a lawyer who has experience in estate planning. Designating beneficiaries for retirement benefits is an important part of your estate planning. Improper designation of a beneficiary can ruin the most careful estate plan.

If you are including your spouse's consent, the consent must be witnessed by a notary public.

Part 2 Marital Status

Α	re you	ı married? \square Yes. \square No. If yes, please provide the	following information a	bout your spouse.
N	lame _	SSN		
		First Initial Last		
D	ate of	Birth		
Part 3 B	enefi	ciary Designation for Lump Sum Death Benefi	t	
time of y	our de	ete this part to make a beneficiary designation. Re eath, and your spouse survives you, your spouse ved another primary beneficiary and your spouse had gent beneficiaries, in case your spouse does not s	vill be the sole primary be as consented in Part 5. Yo	eneficiary unless you ou may designate one
]	I hereby designate my spouse as the sole primary	beneficiary.	
]	I hereby designate the following primary benefici	ary(ies):	
		Beneficiary:	% share	
		Relationship		
		Beneficiary:	% share	
		Relationship		
		Beneficiary:	% share	
		Relationship		
If	a prir	nary beneficiary does not survive me, I want that	beneficiary's share to be	paid as follows:
]	To the surviving primary beneficiaries in equal sha	ares.	
]	To the following contingent beneficiary(ies):		
		Beneficiary:	% share	
		Relationship		
		Beneficiary:	% share	
		Relationship		
		Beneficiary:		
		Relationship		

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Part 4 Participant's Certification and Signature

l ce	ertify that the information I h	ave provided in th	is beneficiary	designation form	m is correct.	This
beneficiary	y designation revokes all of m	y prior beneficiary	designation:	s.		

	Participant's signature Date signed:	
Please return this beneficiary designation to:		
Trustees of the Sheet Metal Workers Local 7, Zone 2 Pension Plan c/o Watkins Ross 200 Ottawa Avenue, Suite 600 Grand Rapids, MI 49503		
Trustee use only		

Received on: _____ (date)
Received by: _____ (initials)

☐ Spouse's consent attached

Part 5 Spouse's Consent

I certify that I am the participant's spouse identified in Part 2 of this beneficiary designation form. I consent to the designation in Part 3 of this beneficiary designation form. I acknowledge that this designation means that benefits payable under the plan after the participant's death will be paid to the designated beneficiary, rather than to me (unless, and to the extent that, I am designated as a beneficiary in Part 3). I understand that I am not required to consent; and I also understand that I cannot revoke my consent.

The participant may no ☐ is checked and my initials a	=	ignation in Part 3 without my further consent unless this box
		Spouse's signature Date signed:
STATE OF MICHIGAN)) ss	
County of	•	
On	, the partic	cipant's spouse identified in Part 2 acknowledged this consent
before me.		
		*
		Notary Public
		County, Michigan
		Acting inCounty
		My Commission Expires:

*Type or print name under signature

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