



**Part 2 Marital Status**

Are you married?  Yes.  No. If yes, please provide the following information about your spouse.

Name \_\_\_\_\_ SSN \_\_\_\_\_  
                    First                      Initial      Last

Date of Birth \_\_\_\_\_

**Part 3 Beneficiary Designation for Lump Sum Death Benefit**

Complete this part to make a beneficiary designation. Remember, however, if you are married at the time of your death, and your spouse survives you, your spouse will be the sole primary beneficiary unless you have designated another primary beneficiary and your spouse has consented in Part 5. You may designate one or more contingent beneficiaries, in case your spouse does not survive you, without your spouse’s consent.

I hereby designate my spouse as the sole primary beneficiary.

I hereby designate the following primary beneficiary(ies):

Beneficiary: \_\_\_\_\_ % share \_\_\_\_\_

Relationship \_\_\_\_\_

Beneficiary: \_\_\_\_\_ % share \_\_\_\_\_

Relationship \_\_\_\_\_

Beneficiary: \_\_\_\_\_ % share \_\_\_\_\_

Relationship \_\_\_\_\_

If a primary beneficiary does not survive me, I want that beneficiary’s share to be paid as follows:

To the surviving primary beneficiaries in equal shares.

To the following contingent beneficiary(ies):

Beneficiary: \_\_\_\_\_ % share \_\_\_\_\_

Relationship \_\_\_\_\_

Beneficiary: \_\_\_\_\_ % share \_\_\_\_\_

Relationship \_\_\_\_\_

Beneficiary: \_\_\_\_\_ % share \_\_\_\_\_

Relationship \_\_\_\_\_

#### Part 4 Participant's Certification and Signature

I certify that the information I have provided in this beneficiary designation form is correct. This beneficiary designation revokes all of my prior beneficiary designations.

\_\_\_\_\_  
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 not change the designation in Part 3 without my further consent unless this box  is checked and my initials are here \_\_\_\_\_ .

\_\_\_\_\_  
Spouse's signature  
Date signed: \_\_\_\_\_

STATE OF MICHIGAN )  
 ) ss  
COUNTY OF \_\_\_\_\_ )

On \_\_\_\_\_, the participant's spouse identified in Part 2 acknowledged this consent before me.

\_\_\_\_\_  
\*  
Notary Public  
\_\_\_\_\_ County, Michigan  
Acting in \_\_\_\_\_ County  
My Commission Expires: \_\_\_\_\_

\*Type or print name under signature