

**RETIREMENT SAVINGS FUND, LOCAL 130, U.A.
BENEFICIARY DESIGNATION FORM**

Participant Information – Please print.

First Name _____ Middle Initial _____ Last Name _____

Address _____

Social Security # _____ Date of Birth _____

I am: Married Not Married

If married, the Plan requires your spouse to be named as Primary Beneficiary for 100% of your account balance, or your spouse must consent to a different beneficiary designation.

If married, Spouse Information:

First Name _____ Middle Initial _____ Last Name _____

Social Security # _____ Date of Birth _____

If you are Not married designate a Primary Beneficiary(ies) - If more than one beneficiary, indicate percentage to each.

Name _____ Relationship: _____ Percent _____ %

Social Security # _____ Date of Birth _____

Name _____ Relationship: _____ Percent _____ %

Social Security # _____ Date of Birth _____

Name _____ Relationship: _____ Percent _____ %

Social Security # _____ Date of Birth _____

Name _____ Relationship: _____ Percent _____ %

Social Security # _____ Date of Birth _____

Alternate Beneficiary - If none of the Primary Beneficiary(ies) survive me, pay my account balance under the Plan to the following Alternate Beneficiary(ies):

Name _____ Relationship: _____ Percent _____ %

Social Security # _____ Date of Birth _____

Name _____ Relationship: _____ Percent _____ %

Social Security # _____ Date of Birth _____

COMPLETE REVERSE SIDE

Name _____ Relationship: _____ Percent _____%

Social Security # _____ Date of Birth _____

Name _____ Relationship: _____ Percent _____%

Social Security # _____ Date of Birth _____

Participant Signature - If no designated beneficiary survives me, my undistributed account balance shall be paid as provided in the Plan. I reserve the power to change, modify or revoke this designation in writing at any time before my death, with the consent of my spouse, if I am married.

Participant Signature: _____ Date: _____

If you are married, you may designate a beneficiary other than your spouse. Your spouse must sign the SPOUSAL CONSENT at the end of the beneficiary designation form before a notary public.

Spousal Consent

"I hereby consent to my spouse having named the above Person(s) and not myself as Primary Beneficiary under this Plan. I also consent to the alternate beneficiaries named above if I am not included among those named. I am aware that I am entitled to be the Primary Beneficiary and I hereby waive that right. Further, I acknowledge that I understand that (1) the effect of this designation is to cause the payment of my Spouse's death benefit to a Beneficiary other than me; (2) That the Beneficiary designation is not valid unless I consent to it; and (3) That my consent is irrevocable unless my spouse revokes the Primary or Alternate Beneficiary Designation.

I have executed this consent this _____ day of _____, 20_____.

Signature of Spouse of Participant

STATE OF _____

COUNTY OF _____

BEFORE ME, the undersigned, a Notary Public in and for said State and County, on this day personally appeared _____, known to me to be the person whose name is subscribed on the foregoing instrument, and acknowledge that of his/her own free will he/she executed the same.

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal this _____ day of _____, 20_____.

(SEAL)

Notary Public

Commission expires _____