

## **Beneficiary Designation Form**

Below is a sample of the Plan's official *Beneficiary Designation Form* that shows how to name Plan beneficiaries. You can obtain the form from your Area Administrative Office or the Plan's website (**www.wctpension.org**). Use this form to make or change your beneficiary designation at any time. However, your beneficiary designation is not effective unless an Area Administrative Office receives the signed form before your death.

Designations made on forms used by other pension or health and welfare trusts, or for other union benefits such as life insurance, are not accepted by this Plan.

When you are ready to retire, your *Benefit Election Package* will contain a longer version of the *Beneficiary Designation Form*.

## Side One

Check only one box to show how you want any lump sum death benefits paid after your death.

You must include each beneficiary's full name, Social Security number, address and relationship to you. If more than one beneficiary, list one name per line. If you need to add additional names, use side 2 of the form (as shown below).

The form must be signed and dated by the participant.

545-99-8888	
	LOCAL UNION:
	PHONE NUMBER: (206) /23-45-67
the surviving	h benefits in equal shares to g beneficiaries named below.
1 98102	
SS#_535-77-7777	Relationship: Son
h 9-1-2013	FOR ADMINISTRATIVE OFFICE USE
1	OR Pay my deat the surviving SS# 535-55-5555 98/01

## Side Two

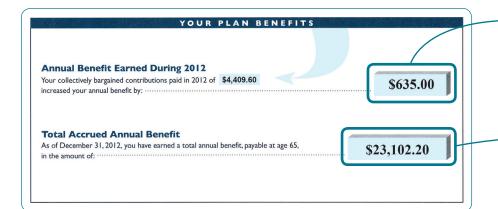
This participant added her daughter as another beneficiary on the back of this form. Only one beneficiary may be added per line.







## **About Your Personal Benefit Statement (Continued)**



IMPORTANT INFORMATION REGARDING YOUR PLAN RECORD 000000000545385 B.E. Jackson Address: The Trust shows the 456 Oak Street 100 Elm Street following information in Anytown, CA 95040 your record (shown in 95041 light blue boxes). If any information is incorrect or missing, please print Date of Birth: 6/2/50 the corrected information Gender: in the space provided. MALE A postage paid return Spouse Date of Birth: 5/10/53 envelope and a beneficiary **Union Initiation Date:** 10/2/71 card have been enclosed for your convenience. 10/2/71 To name or change MARY JACKSON your beneficiary, use the You have named as your beneficiary: enclosed beneficiary card.



Your *Personal Benefit Statement* only shows the hours for which pension contributions were paid. Your collective bargaining agreement may not require your employer to contribute on overtime hours. Or it may have a monthly or yearly maximum on the number of hours that require pension contributions.

Plan Benefits Your statement shows how much your annual benefit increased due to covered hours in the previous calendar year.

Total Accrued Annual Benefit This is the annual benefit you earned based on the total covered hours you worked under the Plan.

Note that the amount shown in the example is an annual benefit payable at normal retirement age (usually age 65). Benefits paid under the Plan are paid monthly.

Participant ID You may refer to your own confidential Participant ID when calling or writing about benefits (rather than providing your Social Security number).

Update Your Plan Record If you discover personal information on your statement that is incorrect or missing, it's your responsibility to notify the Plan by sending back this tear-off card as soon as possible.

Plan Beneficiary If you need to change the beneficiary designation shown, you cannot make the change by crossing the name off the card. In order to make a valid change, you must use the Plan's official Beneficiary Designation Form and the completed form must be received by your Area Administrative Office prior to your death. An official Beneficiary Designation Form and postage-paid return envelope are enclosed with your statement.