

Heat & Frost Insulators Local 17 Benefit Funds

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ANNUITY BENEFICIARY DESIGNATION

I. General Information:

Name	_____	Date of Birth	_____
Address	_____	Marital Status:	
City, State, Zip	_____	Single	_____
Telephone	_____	Married	_____
Social Security #	_____	Divorced	_____
Email	_____		

II. Beneficiary:

I hereby revoke all prior designations of beneficiaries I have made under this Plan and designate the following as my beneficiary(ies)*, or the survivors of them to receive benefits payable at my death under the International Association of Heat and Frost Insulators Local 17 Annuity Fund in equal shares or in the proportions as indicated. The percentages must equal 100% for each section. **Beneficiaries must be 18 years or older.** If your form is received with a minor listed as beneficiary, it will not be accepted and returned to you so that it can be completed correctly.

***If you are married you must name your spouse as your only beneficiary unless your spouse agrees in writing as set forth below to let you name someone else. A notary public must witness your spouse's agreement.**

A. (1) _____
Name _____
Address _____
City, State & Zip Code _____
Social Security Number _____ %
Date of Birth _____ Relationship _____

(2) _____
Name _____
Address _____
City, State & Zip Code _____
Social Security Number _____ %
Date of Birth _____ Relationship _____

If necessary, you may add additional beneficiaries on a separate piece of paper and attach it to this form.

If the person(s) named above pass away before me, I designate the following as my contingent beneficiary(ies) to receive the benefits payable at my death in equal shares (shares must equal 100%):

B. (1) _____ Name _____ Address _____ City, State & Zip Code _____ Social Security Number _____ % _____ Date of Birth _____ Relationship _____	(2) _____ Name _____ Address _____ City, State & Zip Code _____ Social Security Number _____ % _____ Date of Birth _____ Relationship _____
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If necessary, you may add additional beneficiaries on a separate piece of paper and attach it to this form.

III. Your Authorization:

Signature _____ Date _____

SPOUSE'S CONSENT TO BENEFICIARY DESIGNATION

I hereby consent to the designation made by my spouse in the foregoing election to have the pre-retirement death benefit paid to the beneficiary(ies) designated in such election. The pre-retirement survivor annuity death benefit has been explained to me, and I hereby acknowledge that I understand (1) that the effect of such designation is to cause my spouse's death benefit to be paid to a beneficiary other than me; (2) that each beneficiary designation is not valid unless I consent to it; and (3) that my consent is irrevocable unless my spouse revokes the beneficiary designation.

Signed this _____ day of _____, 20____. _____
Participant's Spouse
State of _____, County of _____ ss.

I, the undersigned, a Notary Public in and for said County, in the Sate aforesaid, DO HEREBY CERTIFY that _____ (Participant's Spouse), personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that she/he signed and delivered the said instrument as her/his free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and seal this _____ day of _____, 20____.
IMPRESS
NOTARIAL SEAL

Notary Public

My Commission expires _____, 20____.