Roofers' Pension Fund

2021 Swift Drive #B
Office: 847-827-1029 Fax # 847-827-6358

Beneficiary Designation

Section 1 – PARTICIPANT INFORMATION (Please Print)

Name | **Social Security Number** | **Local #**

Street Address | **City, State and Zip Code**

Date of Birth | **Telephone Number**

Email Address

Section 2 – REASON FOR CHANGE (Check One Box)

☐ **Marriage – Please provide a copy of your Marriage Certificate. Please note, if you are married and designate someone other than your spouse, we require your spouse's written, notarized consent below (Section 4)**

☐ **Divorce – Please provide a complete copy of your filed divorce decree, including property settlement agreement**

☐ **Death – Please provide a Death Certificate**

☐ **Other -** _____

Section 3 – BENEFICIARY DESIGNATION (Subject to Spousal Consent)

I hereby designate the following person(s) as my beneficiary(ies) to receive benefits, if any, payable at my death under the Roofers' Pension Plan. If I am married, and designate a person other than my spouse, I understand that my spouse must consent to my non-spouse beneficiary(ies) designation.

Name | **Social Security Number**

Street Address | **City, State and Zip Code**

Relationship | **Date of Birth**

Percentage of Benefit (If naming more than one Beneficiary the totals must equal 100%):

Name | **Social Security Number**

Street Address | **City, State and Zip Code**

Relationship | **Date of Birth**

Percentage of Benefit (If naming more than one Beneficiary the totals must equal 100%):

PARTICIPANT SIGNATURE

Signature | **Date**

Section 4 – SPOUSAL CONSENT *(If you are married and designate a Beneficiary(ies) other than your spouse, we require your spouse's written, notarized consent below.)*

I acknowledge and consent to the above Beneficiary(ies) as designated. I also understand that as a result of the above Beneficiary(ies) designation, I am not entitled to any benefits upon my spouse's death, under the Plan. I understand that my signature is waiving my rights to benefits to which I am otherwise entitled to by law.

Spouse's Name (Please Print) | **Spouse's Signature** | **Date**

Notary Public – Signature and Date | **Notary Public Seal**