ROOFERS' UNIONS WELFARE TRUST FUND - BENEFICIARY DESIGNATION FORM

I hereby designate the following person or persons who are living at the time of my death to receive any benefit or other interest I have in the Roofers' Unions Welfare Trust Fund which becomes due at or after my death, according to the terms of the Plan of benefits then in effect. I reserve the right to change this Designation of Beneficiary or revoke it in its entirety at any time. I understand that this Designation of Beneficiary, or any change or revocation of it, will be effective only when it is received by the Plan Administrator and only if it is received by the Plan Administrator during my lifetime. This Designation of Beneficiary shall be void upon a dissolution of my marriage if it designates a former spouse, and shall be void upon my subsequent marriage unless it designates my spouse to whom I am married at my death. I understand that if the named beneficiary(s) are not living at my death, or if I have not made a valid Designation of Beneficiary at the time of my death, my account will be payable in accordance with the Plan of benefits then in effect.

Please Print

Employee Name: _____ Social Security Number:_____

Address: _____

Name of Beneficiary	Address	Soc. Sec. No.	Relationship	Percentage
1._____	_____ _____	_____	_____	_____
2._____	_____ _____	_____	_____	_____

Please list additional beneficiaries on back of form.

Employee Signature: _____ Date: _____

Accepted by the Plan:_____