Cement Masons Trust Funds for Northern California

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Beneficiary Designation Form

Please complete this form to designate a beneficiary or beneficiaries for one or more of the Funds and return it to the Fund Office as soon as possible.

⚠ Beneficiary designation **rules for Pension differ** from Vacation and Health and Welfare's Accidental Death & Dismemberment, please refer to the SPD as well as the Rule and Regulations plan document for the full requirements of each.

MEMBER INFORMATION (Please print clearly using ink pen)			
Last Name:	First Name:		Middle:
Social Security#	Date of Birth: Month Day Year	Sex: ☐ Male ☐ Female	Marital Status: ☐ Single ☐ Married
Residence Address (not a P.O. Box):			
Street	City	State	ZIP Code

If more than one beneficiary is designated, and their respective interests are not specified, they will share equally.

If no beneficiary has been designated, is otherwise ineligible or if a designated beneficiary dies before the Death Benefit or Accidental Death Benefit is paid, the Death Benefit or Accidental Death Benefit will be paid to the lawful spouse of the Participant, if living, or if there is no lawful spouse at the time of payment, payment may be made to one or more of the following surviving relatives of the Participant:
child or children; mother, father, brothers or sisters or to the Participant's estate as the Board, in its sole discretion, may designate.

ACCIDENTAL DEATH & DISMEMBERMENT BENEFICIARY INFORMATION

(Please print clearly using ink pen)

	Full Legal Name (Last, First, M.I.)	Date of Birth (MO/DAY/YR)	Social Security #	Relation	Amount Designated (ex: 50%, 30%, 20%)
☐ ADD ☐ REMOVE				☐ Spouse ☐ Other	
☐ ADD ☐ REMOVE				☐ Child ☐ Other	
☐ ADD ☐ REMOVE				☐ Child ☐ Other	
☐ ADD ☐ REMOVE				☐ Child ☐ Other	

VACATION & HOLIDAY BENEFICIARY INFORMATION (Please print clearly using ink pen)					
	Full Legal Name (Last, First, M.I.)	Date of Birth (MO/DAY/YR)	Social Security #	Relation	Amount Designated (ex: 50%, 30% & 20%)
☐ ADD ☐ REMOVE				☐ Spouse ☐ Other	
☐ ADD ☐ REMOVE				☐ Child ☐ Other	
☐ ADD ☐ REMOVE				☐ Child ☐ Other	
☐ ADD ☐ REMOVE				☐ Child ☐ Other	

PENSION BENEFICIARY INFORMATION (Please print clearly using ink pen)					
** Joint-and-Survivor designation Applies to Spouse only *** Lump Sum designation Applies only if you are not survived by your spouse after retirement					
	Full Legal Name (Last, First, M.I.)	Date of Birth (MO/DAY/YR)	Social Security #	Relation	Designation Type
☐ ADD ☐ REMOVE				☐ Spouse	☐ Joint & Survivor ☐ Lump Sum
☐ ADD ☐ REMOVE				☐ Child ☐ Parent ☐ Sibling	☐ Lump Sum
☐ ADD ☐ REMOVE				☐ Child ☐ Parent ☐ Sibling	☐ Lump Sum
☐ ADD ☐ REMOVE				☐ Child ☐ Parent ☐ Sibling	☐ Lump Sum

☐ Attached is a list of additional beneficiaries. (If applicable, mark the box and attach a list.)

All pensions will be paid in the form of a Joint-and-Survivor Pension, unless the Participant has filed with the Board, in writing, a timely election to waive that form of pension, subject to all conditions.

A. A Participant may elect to waive a Joint-and-Survivor Pension with the consent of their spouse, and they may revoke that election at any time before the Pension Effective Date, that is before the first day of the first month for which a payment is payable. No changes will be accepted after the first benefit check has been issued.

B. The effect of the election and consent must be witnessed by an authorized Fund Representative, or Notary Public. No consent is required if it has been established to the satisfaction of a Fund Representative that the consent may not be obtained because there is no Spouse or the Spouse cannot be located.

SPOUSAL CONSENT (Please print clearly using ink pen)

I hereby certify under penalty of perjury under the laws of the State of California that I acknowledge and approve of the above selected designated recipient(s) of the Pension benefits.

SPOUSE SIGNATURE: DATE:

FUND REPRESENTATIVE /
NOTARY SIGNATURE: DATE:

The Fund may pay any benefits due and payable but not actually paid prior to the death of a Pensioner or Beneficiary to any person or institution determined by the Fund to be equitably entitled to payment. The remainder of the amount will be paid to one or more of the surviving relatives of the Pensioner or Beneficiary in the following order: lawful Spouse, child or children, parent(s), sibling(s), or to the estate of the Pensioner or Beneficiary.

MEMBER BENEFICIARY STATEMENT

I hereby certify under penalty of perjury under the laws of the State of California that the information given in this form is true, correct and complete to the best of my knowledge.

SIGNATURE: DATE: