

**SHEET METAL WORKERS' PENSION PLAN OF SOUTHERN CALIFORNIA, ARIZONA AND NEVADA**  
**Mailing address: P.O. Box 10067, Manhattan Beach, CA 90266 / Phone: (800) 947-4338**

**Designation of Beneficiary for Pre-Retirement Death Benefits – for Active (Non-Retired) Plan Participants**

If you die before retirement, earned sufficient Pension Credit to be eligible for pension benefits, and are married at the time of death, your surviving spouse will receive 50% Survivor Annuity benefits for his or her lifetime after your death (provided you were married at least one year at the time of your death). If you are not married, or were married less than one year when you die, then your designated beneficiary or beneficiaries will receive 40 monthly payments of your Normal Retirement Age single life pension benefit. If your primary beneficiary dies before receiving all payments, your alternate beneficiary will receive the remaining payments. If you do not designate a beneficiary, or if the designated beneficiary or beneficiaries die before receiving all payments, remaining payments will be made to your legal beneficiary or beneficiaries in accordance with applicable law, in the following order: children, parents, siblings, and legal estate. If there are no remaining beneficiaries, benefits will cease.

Under Plan rules effective January 1, 2015, pre-retirement death benefits are not payable if the deceased participant is married at the time of death and his or her surviving spouse is eligible for 50% Survivor Annuity benefits, or if the deceased participant is an “inactive vested” participant at the time of death, or if the deceased participant worked in “non-covered sheet metal service” during the year of death or either of the two preceding years.

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First Name	Last Name	Social Security Number	Telephone Number
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Address	(is this a new address? <input type="checkbox"/> yes <input type="checkbox"/> no)	City	State	Zip
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**CERTIFICATION OF MARITAL STATUS**

- I AM NOT MARRIED** at this time.
- I AM MARRIED**, and I understand that my beneficiary designation(s) herein apply only if 50% Survivor Annuity benefits are not payable to my eligible surviving spouse at the time of my death.

I, a participant in the Sheet Metal Workers' Pension Plan of Southern California, Arizona and Nevada (the “Plan”) wish to designate a beneficiary to receive any Pre-Retirement Death Benefits that may become payable to a designated beneficiary in the event that I die before receiving pension benefits under the Plan. I understand that if I designate two or more beneficiaries in a particular class of beneficiaries (primary or alternate), and do not indicate the percentage of benefits (“Share Percentage”) each is to receive, all such beneficiaries with unspecified share percentages will receive equal shares. I hereby designate the following beneficiary or beneficiaries:

**PRIMARY BENEFICIARY (OR BENEFICIARIES)**

Name of Primary Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of Primary Beneficiary: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Share Percentage: \_\_\_\_\_

Please check box if beneficiary is a minor under the age of 18:  Minor's Age: \_\_\_\_\_

Name of Minor's Parent/Legal Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of Minor's Parent/Legal Guardian: \_\_\_\_\_

**Please complete by signing the reverse, incomplete (unsigned & undated) forms are not valid**

**PRIMARY BENEFICIARY(IES) CONT'D**

Name of Primary Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of Primary Beneficiary: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Share Percentage: \_\_\_\_\_

Please check box if beneficiary is a minor under the age of 18:  Minor's Age: \_\_\_\_\_

Name of Minor's Parent/Legal Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of Minor's Parent/Legal Guardian: \_\_\_\_\_

**ALTERNATE BENEFICIARY (OR BENEFICIARIES)**  
**(In the event of death of Primary Beneficiary or Beneficiaries)**

Name of Alternate Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of Alternate Beneficiary: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Share Percentage: \_\_\_\_\_

Please check box if beneficiary is a minor under the age of 18:  Minor's Age: \_\_\_\_\_

Name of Minor's Parent/Legal Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of Minor's Parent/Legal Guardian: \_\_\_\_\_

Name of Alternate Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of Alternate Beneficiary: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Share Percentage: \_\_\_\_\_

Please check box if beneficiary is a minor under the age of 18:  Minor's Age: \_\_\_\_\_

Name of Minor's Parent/Legal Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of Minor's Parent/Legal Guardian: \_\_\_\_\_

Name of Alternate Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of Alternate Beneficiary: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Share Percentage: \_\_\_\_\_

Please check box if beneficiary is a minor under the age of 18:  Minor's Age: \_\_\_\_\_

Name of Minor's Parent/Legal Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of Minor's Parent/Legal Guardian: \_\_\_\_\_

Any previous pre-retirement death benefits beneficiary designation I made is revoked. I reserve my right to revoke this designation at any time. If I am married, I do not need my spouse's approval to revoke this beneficiary designation.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

(this form must be signed and dated in order to be valid)