

CONSTRUCTION INDUSTRY RETIREMENT FUND OF ROCKFORD, ILLINOIS

Beneficiary Designation Form

This form is used for you to designate a beneficiary in the event that you die prior to retirement and you have no surviving spouse at the time of your death.

In the event of my death prior to commencement of retirement benefits from the Construction Industry Retirement Fund of Rockford, Illinois:

I wish to designate the following person(s) as my beneficiary(ies) for any death benefits payable from the Plan. (Use an additional sheet if more beneficiaries are designated.)

Name* _____ S.S.N.: _____

Address: _____

City _____ State: _____ Zip: _____

Relationship to Me: _____

Name* _____ S.S.N.: _____

Address: _____

City _____ State: _____ Zip: _____

Relationship to Me: _____

* Use full name. For example, "Mary Jane Smith" not "Mrs. John H. Smith." If all children of a marriage are to be named beneficiaries, designate them collectively, as follows: "the then surviving children, if any, born of marriage to John and Mary Smith, in equal share."

Your beneficiaries shall have the option of receiving such death benefits in the form of a lump sum payment, monthly installment payments or a combination thereof.

You shall have the right to change this designation of beneficiary, subject to the rights of a surviving spouse, without the consent of a beneficiary(ies) but no change shall be effective or binding on the Trustees unless it is received by the Fund Office prior to the time any payments are made to a beneficiary whose designation is on file in the Fund Office.

If no designated beneficiary is alive at the time of your death, the death benefit shall be Payable in accordance with the terms of the Plan.

_____ Date

_____ Participant's Name (Print)

_____ Address

_____ City, _____ State, _____ Zip

_____ Social Security Number

_____ Participant's Signature

Last Name, _____
First Name _____