

Fox Valley and Vicinity Construction Workers Pension Fund

(Formerly known as Lake County, Illinois Plasters and Cement Masons Pension Plan)

915 National Parkway, Suite F, Schaumburg, IL 60173

Beneficiary Designation Form

Participant Information

Full Name: _____
Last First M.I.

Address: _____

Telephone No.: _____ Social Security No.: _____ Date of Birth: _____

Marital Status: Married Single Divorced Widowed Local Union No.: _____

Primary Beneficiary (ies)

Name	Date of birth	Social Security No.	Relationship	% of share
Address	City	State	Zip Code	Phone number

Name	Date of birth	Social Security No.	Relationship	% of share
Address	City	State	Zip Code	Phone number

If more than one beneficiary is named and % of benefit is not indicated, benefit will be paid in equal shares.

Contingent Beneficiary (ies)

Payment will only be made if there are no primary beneficiaries living at the time of death.

Name	Date of birth	Social Security No.	Relationship	% of share
Address	City	State	Zip Code	Phone number

Name	Date of birth	Social Security No.	Relationship	% of share
Address	City	State	Zip Code	Phone number

If more than one beneficiary is named and % of benefit is not indicated, benefit will be paid in equal shares.

Certification and Signature

I understand that if I am married and do not designate my spouse as the sole primary beneficiary; my spouse **must** consent in writing to my designation on the form entitled "Spouse's Consent to Designation of Beneficiary". If I am presently unmarried ("unmarried" means I have never been married, or, if I was once married, I am not currently married because my marriage has been legally dissolved or because my spouse has died), no such spousal consent is necessary; however, if I later become married, my death benefits (if any) will automatically be paid to my spouse unless, after my marriage, I designate a non-spouse beneficiary to which my spouse consents.

The above designation shall become effective without further notice upon the Fund's receipt of this form before my death and, if necessary, with the written consent of my spouse, and is subject to all of the terms and conditions of the Fund and its governing documents.

Signature: _____ Date: _____

Toll Free (888)454-1298 Fax (847) 519-1979 Email:foxvalleypension@groupadministrators.com

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Spouse's Consent to Designation of Beneficiary

I hereby consent to the beneficiary designation set forth in the Beneficiary Designation Form executed by my spouse for the Fox Valley & Vicinity Construction Workers Pension Fund (the "Fund"), which form is attached to this consent.

In so consenting, I understand that:

1. My spouse has designated _____ as the beneficiary or beneficiaries to receive any death benefits payable under the Fund upon my spouse's death.
2. By making this consent to the beneficiary or beneficiaries designated by my spouse, I am giving up my right to receive any benefits which become payable from the Fund upon my spouse's death including those benefits payable in the form of a Qualified Pre-retirement. Survivor Annuity which would pay a monthly benefit to me for my lifetime.
3. This consent, once given, **cannot** be revoked.
4. If I do not voluntarily consent to my spouse's beneficiary designation, the designation will be invalid and I will receive any benefits which may be payable under the Fund upon my spouse's death.
5. If my spouse changes the beneficiary designation and I am not the new sole primary beneficiary, the change will be effective only if I then consent to the revised designation.

Spouse Signature: _____ Date: _____

Spouse's Name: _____
Last First M.I.

Participant's Name: _____
Last First M.I.

WITNESS:

Fund Representative

SEAL

(Benefit cannot be paid if seal is missing)

OR

Subscribed and sworn to before me, a Notary Public in and for the State of _____ County of _____
this _____ day of _____, 20 _____

Notary signature _____ Expiration date of Commission _____