

**SEIU Local 1 & Participating Employers Pension Trust**  
111 E. Wacker Drive • 17<sup>th</sup> Floor • Chicago, Illinois 60601, Phone (312) 233-8877

**5-YEAR SURVIVOR ANNUITY BENEFICIARY FORM**

Participant Name: \_\_\_\_\_  
Last First MI

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_M \_\_\_\_F

Home Address: \_\_\_\_\_  
Street City State Zip

Marital Status: \_\_\_\_Single/Never Married \_\_\_\_Married \_\_\_\_Divorced \_\_\_\_Widowed

**BENEFICIARY DESIGNATION**

You may name any individual as a beneficiary, and you may change your beneficiary at any time by completing and submitting this form to the Fund Office. **NOTE:** if you are married and name someone other than your spouse to be a beneficiary, your spouse must consent to the other beneficiary being named.

**BENEFICIARY**

Beneficiary Name: \_\_\_\_\_  
Last First MI

Beneficiary's relationship to Participant: \_\_\_\_\_ Beneficiary's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Beneficiary's address: \_\_\_\_\_  
Street City State Zip

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

**Section A to be completed by spouse if you are married and have not elected your spouse to receive your death benefit. Section B to be completed if you are not married. BOTH STATEMENTS MUST BE WITNESSED BY A NOTARY PUBLIC.**

**A. Spousal Consent:** I understand I have the right to be designated as the beneficiary to receive a lump sum death benefit which would be provided under the Plan upon the death of my spouse, and that my consent to a different designation is required. With this knowledge, I hereby consent to another beneficiary being named.

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary's Signature [SEAL]

\_\_\_\_\_  
Date

**B. Certification of Single Status:** I hereby certify that as of the date below, I am not married under the laws of any jurisdiction.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary's Signature [SEAL]

\_\_\_\_\_  
Date