

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

LUMP SUM DEATH BENEFIT 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 or individuals as a beneficiary, and you may change your beneficiary at any time by completing and submitting this form to the Fund Office. If you name more than one person, the benefit will be split in equal shares to all beneficiaries. **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(IES)

Beneficiary Name: _____
Last First MI
Beneficiary's relationship to Participant: _____ Beneficiary's Date of Birth: ____/____/____
Beneficiary's address: _____
Street City State Zip

Beneficiary Name: _____
Last First MI
Beneficiary's relationship to Participant: _____ Beneficiary's Date of Birth: ____/____/____
Beneficiary's address: _____
Street City State Zip

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 WTINESSED 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 benig 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