

SEIU Local 1 & Participating Employers Pension Trust
111 E. Wacker Drive • 17th Floor • Chicago, Illinois 60601

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 wish to name more than one person to split the death benefit, or you wish to name a secondary beneficiary, please complete the other side of this form. **NOTE:** if you are married and name someone other than your spouse to be your 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. EITHER STATEMENT 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 or additional beneficiaries being designated.

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

ADDITIONAL PRIMARY BENEFICIARIES

Please complete this section if you would like the lump sum death benefit to be split between an additional individual(s) and the individual listed on the front of this form. UNLESS DIRECTED OTHERWISE, THE FUND WILL PAY THE LUMP SUM DEATH BENEFIT IN EQUAL SHARES TO THE INDIVIDUALS LISTED ON THE FRONT AND IN THIS SECTION.

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

If you do not want your beneficiaries to share the lump sum death benefit equally, please state how the benefit should be divided:

CONTINGENT BENEFICIARY OR BENEFICIARIES

Please complete this section if you would like to name a "contingent" beneficiary or beneficiaries to the lump sum death benefit. This individual or individuals would only receive the lump sum death benefit if everyone listed in the previous section predeceases you or otherwise is ineligible to be a beneficiary. IF YOU LIST MULTIPLE PEOPLE BELOW, THE FUND WILL PAY THE LUMP SUM DEATH BENEFIT IN EQUAL SHARES TO ALL BENEFICIARIES LISTED, UNLESS YOU DIRECT OTHERWISE.

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: _____
City State Zip Street

Beneficiary Name: _____
Last First MI

Beneficiary's relationship to Participant: _____ Beneficiary's Date of Birth: ____/____/____

Beneficiary's address: _____
City State Zip Street

If you do not want your beneficiaries to share the lump sum death benefit equally, please state how the benefit should be divided:
