SEIU Local 1 & Participating Employers Pension Trust 200 E Randolph St • Suite 1500 • Chicago, Illinois 60601

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:Sing	le/Never Married _	MarriedDivo	orcedW	idowed		
DENEELCIA DV DESIGNI	ATION					
BENEFICIARY DESIGN	ATION					
You may name any individual form to the Fund Office. consent to the other benefits and the state of the state	NOTE: if you are ma	arried and name some				
	, ,	BENE	FICIARY			
Beneficiary Name:						
	Last		First			MI
Beneficiary SSN:		Date of Birth	:/	/	Sex:	_MF
Phone Number:		R	Relationship to	Participant:		
Beneficiary's address:						
Deficilitially 3 dadress	Street			City	State	Zip
Participant's Signature				Date		_
Section A to be comple Section B to be comple						
A. Spousal Consent:	would be provided	we the right to be desig d under the Plan upon juired. With this knowle	the death of n	ny spouse, and tha	t my consent to a	different
Spouse's Signature				Date		_
3		105411				
Notary's Signature		_ [SEAL]		Date		_
B. Certification of Sing	yle Status: I hereb	y certifiy that as of the	date below, I	am not married und	der the laws of an	y jurisdiction.
Participant's Signature				Date		_
		_ [SEAL]				
Notary's Signature		_ [OL/\L]		Date		_

INSTRUCTIONS:

- If you are **SINGLE**, please name your beneficiary and have your signature notarized in Section B.
- If you are **MARRIED** and want to name your spouse as the beneficiary, please DO NOT complete/sign Sections A or B.
- If you are **MARRIED** and want to name a beneficiary someone **other than** your spouse, your spouse must sign the spousal consent section A and have his/her signature notarized.