

## ROOFERS' LOCAL UNION NO. 22 PENSION PLAN

### DEATH BENEFICIARY DESIGNATION FORM

An **UNMARRIED** participant may use this form to designate the person who will receive any death benefit payable under the Plan in the event he dies before he begins to receive benefits.

#### EXPLANATION

Any death benefit payable under the Plan if a **MARRIED** participant dies before beginning to receive Plan benefits must be paid to the participant's surviving spouse.

An **UNMARRIED** participant may designate the person who will receive the death benefit payable under the Plan if he dies when he is unmarried and partially or fully vested under the Plan, and before beginning to receive Plan benefits. (This benefit is a single sum equal to 36 times the vested monthly benefit to which he is entitled.) However, if an unmarried participant designates a death beneficiary and then later marries, any pre-retirement death benefit payable must be paid to his surviving spouse.

If you are an unmarried participant, you may designate one or more "primary beneficiaries" and, if you wish, one or more "secondary beneficiaries," by completing the Beneficiary Designation on page 2, signing the Certification of Unmarried Status on page 3, and returning this entire Form to the Roofers' Local Union No. 22 Funds Office at 280 Metro Park, Rochester, NY 14623. *Please note that your signature for the Certification of Unmarried Status must be notarized.* If you have no surviving primary or secondary beneficiary, the death benefit will be paid to your estate.

**PRIMARY BENEFICIARY DESIGNATION:** A "primary beneficiary" is a person who will receive a death benefit if he or she survives you.

**SECONDARY BENEFICIARY DESIGNATION:** A "secondary beneficiary" is a person who will receive a death benefit if he or she survives you and **NONE** of the primary beneficiaries you designate survive you.

After completing this Form, we advise you to make a photocopy of the entire Form for your records before returning the entire Form to the Funds Office. **No beneficiary designation is valid unless it is filed with the Funds Office before the participant's death.** If you change your mind about a designation you make, you should complete a new Form and return it to the Funds Office. Contact the Funds Office to request a new Form or if your marital status changes.

**BENEFICIARY DESIGNATION**

I hereby designate the person(s) below to receive the benefit payable from the Plan, as indicated, if I die when I am unmarried and partially or fully vested under the Plan, and before beginning to receive Plan benefits. By signing this Form, I hereby revoke all previous death beneficiary designations.

**PRIMARY BENEFICIARY:**

Name Address	Relationship	Percentage	Social Security No.

If I have designated more than one primary beneficiary, the benefit will be divided equally among the primary beneficiaries who survive me, unless I have specified different percentages. If one, but not all, of the primary beneficiaries designated predeceases me, the total benefit will be paid to the surviving primary beneficiaries in proportion to their respective percentages. If none of my primary beneficiaries survive me, then the benefit shall be paid to my secondary beneficiaries as indicated below.

**SECONDARY BENEFICIARY:**

Name Address	Relationship	Percentage	Social Security No.

If I have designated more than one secondary beneficiary, the benefit will be divided equally among the secondary beneficiaries who survive me, unless I have specified different percentages. If one, but not all, of the secondary beneficiaries designated predeceases me, the total benefit will be paid to the surviving secondary beneficiaries in proportion to their respective percentages. If none of my beneficiaries survive me, the benefit will be paid as provided in the Plan.

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

\_\_\_\_\_  
Participant's Name (Print)

**CERTIFICATION OF UNMARRIED STATUS**

I hereby certify that as of the date below I am not married.

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

\_\_\_\_\_  
Participant's Name (Print)

Date: \_\_\_\_\_

STATE OF NEW YORK )  
COUNTY OF ) ss.:

On the \_\_\_\_ day of \_\_\_\_\_, in the year 20\_\_, before me, the undersigned, a Notary Public in and for said State, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
Notary Public