

ROOFERS' LOCAL UNION NO. 22 SUPPLEMENTAL RETIREMENT PLAN DEATH BENEFICIARY DESIGNATION FORM

As a participant in the Plan you can designate one or more persons to receive the amount in your Plan account if you die before you receive it. The rules for this designation are different depending on whether you are married or single.

EXPLANATION TO MARRIED PARTICIPANTS AND THEIR SPOUSES

If you are married at the time of your death, your spouse will be your "primary beneficiary" and will receive the amount in your Plan account unless, with your spouse's consent, you designate one or more other persons as your primary beneficiaries. To designate someone else as a primary beneficiary, you must complete the Death Beneficiary Designation on page 2, and your spouse must complete (and have notarized) the Spousal Consent, on page 3.

A spousal consent is valid only for the spouse who signs it. If you divorce, remarry and remain married through the date your death, your new spouse will be your "primary beneficiary" and will receive the amount in your Plan account unless, with your new spouse's consent, you designate one or more other persons as your primary beneficiaries.

You can designate one or more other persons as your "secondary beneficiaries" at any time without spousal consent. A secondary beneficiary is a person who will receive all or part of the amount in your Plan account if your spouse is not living at the time of your death. If no primary or secondary beneficiary survives you, the amount in your Plan account will be paid to your estate.

EXPLANATION TO UNMARRIED PARTICIPANTS

If you are not married at the time of your death, the amount in your Plan account will be paid in a single sum to the persons you designate as your "primary beneficiaries". To designate a primary beneficiary, you must complete the Death Beneficiary Designation on page 2 and sign the Certification of Unmarried Status on page 3, and your signature must be notarized. If you are not married at the time of your death and you do not complete a Death Beneficiary Designation, the amount in your Plan account will be paid to your estate.

If you are married at the time of your death, your surviving spouse will be your primary beneficiary and will receive the entire amount in your Plan account in a single sum unless, with your spouse's consent, you designate one or more other persons as your primary beneficiaries. Any Death Beneficiary Designation filed before your marriage will not be valid.

FILING AND CHANGING YOUR ELECTION

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 Roofers' Local 22 Funds Office, 280 Metro Park, Rochester, NY 14623. **No Beneficiary Designation or Spousal Consent will be effective until the Form is filed with the Fund Office.** If you change your mind about your designations, you should complete and return to the Fund Office a new Form. You can request a new Form from the Fund Office.

DEATH BENEFICIARY DESIGNATION

PRIMARY BENEFICIARY DESIGNATION

I hereby designate each of the persons identified below as a primary beneficiary to receive the percentage of my Plan account indicated below. I understand that, if the Spousal Consent on page 3 is not properly completed and I am married at the time of my death, this designation will not be effective. By signing this Form, I hereby revoke all previous death beneficiary designations.

Name and Address	Relationship	Social Security No.	Percentage

If I have designated more than one person as a primary beneficiary, the amount in my Plan account will be divided equally among the primary beneficiaries who survive me, unless I have specified different percentages above. If one, but not all, of my designated primary beneficiaries dies before I do, the amount in my Plan account will be paid to the surviving primary beneficiaries in proportion to their respective percentages. If none of my primary beneficiaries survive me, then the amount in my Plan account will be paid to my secondary beneficiaries as indicated below.

SECONDARY BENEFICIARY DESIGNATION

I hereby designate each of the persons identified below as a secondary beneficiary to receive the percentage of my Plan account indicated below if all of my primary beneficiaries die before I do.

Name and Address	Relationship	Social Security No.	Percentage

If I have designated more than one person as a secondary beneficiary, the amount in my Plan account will be divided equally among the secondary beneficiaries who survive me, unless I have specified different percentages above. If one, but not all, of my designated secondary beneficiaries dies before I do, the amount in my Plan account will be paid to the surviving secondary beneficiaries in proportion to their respective percentages.

Participant's Name (PRINT)

Date

Participant's Signature

Date of Birth

SPOUSAL CONSENT

I have read and understand the explanation on page 1. By signing this Consent I waive my right to receive any death benefit under the Plan and agree to the payment of any death benefit to the person(s) designated in the Death Beneficiary Designation.

Spouse's Signature

Name of Spouse (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

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