

**Designation of Beneficiary for Pre-Retirement Death Benefits --  
for Active (Non-Retired) Participants**

First Name	Last Name	SSN or ID #
Address (is this a new address? <input type="checkbox"/> yes <input type="checkbox"/> no) City State Zip		

If you die before retirement, and earned sufficient Pension Credit to be eligible for pension benefits (and did not work in Noncovered Sheet Metal Service during the year of your death or either of the two preceding years), your surviving spouse will receive the 50% Husband-and-Wife Pension after your death, unless your spouse elects to receive instead 84 monthly payments of your Normal Retirement Age single life pension amount. If your surviving spouse elects the 84 monthly payments option and dies before receiving all payments, remaining payments will be paid to the beneficiary or beneficiaries you designate below. If you are not married, or were married less than one year on your date of death, then the beneficiary or beneficiaries you designate below will receive 84 monthly payments. If your primary beneficiary dies before receiving all payments, your alternate beneficiary will receive the remaining payments. If you do not designate a beneficiary, or if the designated beneficiary or beneficiaries die before receiving all payments, remaining payments will be made to your legal beneficiary or beneficiaries in accordance with applicable law, in the following order: children, parents, siblings, and legal estate. If there are no remaining beneficiaries, no further benefits will be paid.

I, a participant in the Sheet Metal Workers' Pension Plan of Southern California, Arizona and Nevada (the "Plan") wish to designate the following beneficiary or beneficiaries to receive any Pre-Retirement Death Benefits that may become payable to a designated beneficiary in the event I die before receiving pension benefits under the Plan. I understand that if I designate two or more beneficiaries in a particular class of beneficiaries (primary or alternate), and do not indicate the percentage of benefits ("Share Percentage") each is to receive, all such beneficiaries with unspecified share percentages will receive equal shares. **I hereby designate the following beneficiary or beneficiaries:**

**PRIMARY BENEFICIARY (OR BENEFICIARIES)**

Name of beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of beneficiary: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Share Percentage: \_\_\_\_\_

Name of beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of beneficiary: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Share Percentage: \_\_\_\_\_

***Please also complete and sign the reverse. Incomplete forms are not valid.***

**ALTERNATE BENEFICIARY OR BENEFICIARIES**  
**(in the event of death of Primary Beneficiary or Beneficiaries)**

Name of beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of beneficiary: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Share Percentage: \_\_\_\_\_

Name of beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of beneficiary: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Share Percentage: \_\_\_\_\_

**I hereby revoke any previous beneficiary designation.**

**Participant's Signature:** \_\_\_\_\_  
**(this form must be signed AND dated in order to be valid)**

\_\_\_\_\_  
**Date Signed**

( ) \_\_\_\_\_  
**Telephone Number**