

Fox Valley and Vicinity Construction Worker's Pension Plan

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Beneficiary Designation Form

Participant Information

Full Name: _____
Last First M.I.

Address: _____

Telephone No.: _____ Social Security No.: _____ Date of Birth: _____

Marital Status: Married Single Divorced Widowed Local Union No.: _____

Primary Beneficiary (ies)

Name	Date of birth	Social Security No.	Relationship	% of share
Address	City	State	Zip Code	Phone number

Name	Date of birth	Social Security No.	Relationship	% of share
Address	City	State	Zip Code	Phone number

If more than one beneficiary is named and % of benefit is not indicated, benefit will be paid in equal shares.

Contingent Beneficiary (ies)

Payment will only be made if there are no primary beneficiaries living at the time of death.

Name	Date of birth	Social Security No.	Relationship	% of share
Address	City	State	Zip Code	Phone number

Name	Date of birth	Social Security No.	Relationship	% of share
Address	City	State	Zip Code	Phone number

If more than one beneficiary is named and % of benefit is not indicated, benefit will be paid in equal shares.

Certification and Signature

I understand that if I am married and do not designate my spouse as the sole primary beneficiary; my spouse must consent in writing to my designation on the form entitled "Spouse's Consent to Designation of Beneficiary". If I am presently unmarried ("unmarried" means I have never been married, or, if I was once married, I am not currently married because my marriage has been legally dissolved or because my spouse has died), no such spousal consent is necessary; however, if I later become married, my death benefits (if any) will automatically be paid to my spouse unless, after my marriage, I designate a non-spouse beneficiary to which my spouse consents.

The above designation shall become effective without further notice upon the Fund's receipt of this form before my death and, if necessary, with the written consent of my spouse, and is subject to all of the terms and conditions of the Fund and its governing documents.

Signature: _____ Date: _____