**Fox Valley and Vicinity Construction Workers Pension Fund**

*(Formerly known as Lake County, Illinois Plasters and Cement Masons Pension Plan)*

# 953 American Ln, Suite 100, Schaumburg, IL 60173

# 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 U

nion 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:

Toll Free (888)454-1298 Fax (847) 519-1979 Email:foxvalleypension@groupadministrators.com