



DESIGNATION OF BENEFICIARY ALTERNATE PAYEE

Your Name:			Social Security Number
Street Address:			Date of Birth
City:	State:	Zip:	Phone Number:
Participant's Name:	Participant's SSN	Participant's CPF ID#:	

Marital Status Single Married Widowed Divorced

If you wish to designate more than one beneficiary (for example, two children, who will share equally), please check the item marked "multiple beneficiaries" below and then add the additional names (including address, date of birth and SSN) on an attached sheet. Anyone wishing to designate an institution or entity, i.e. Trust or Estate, as a beneficiary must supply the Fund office with documentation that adequately identifies such entity and an authorized representative of that entity, e.g. Trustee or Executor.

Multiple Beneficiaries No Yes (If yes, attach additional sheet if necessary)

Name of Beneficiary:			Relationship
Street Address:			Date of Birth
City:	State:	Zip:	Social Security No.:

(Must have in order to process)

I hereby revoke all previous designation of beneficiaries and designate the above as my beneficiary with respect to any and all proceeds which may be due at my death. I further certify to the Board of Trustees that I am of sound mind and competent to execute this form.

Signature _____ Date _____