

Southeastern Iron Workers

CompuSys, Inc.

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BENEFICIARY DESIGNATION CARD

PLEASE PRINT LEGIBLY – In order to ensure that your beneficiary(ies) are input correctly and administered per your request, you must print legibly and provide all the information as requested.

PARTICIPANT INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME
CURRENT ADDRESS (including city, state and zip)		
DATE OF BIRTH	SOCIAL SECURITY NO.	FUND/LOCAL

PRIMARY BENEFICIARY(IES)

Full Name of Beneficiary	Address-if Different than Yours	Relationship	Social Security No.	Date of Birth	Percentage
TOTAL (must equal 100%)					

CONTINGENT BENEFICIARY(IES) (if your Primary Beneficiary predeceases you)

Full Name of Beneficiary	Address-if Different than Yours	Relationship	Social Security No.	Date of Birth	Percentage (if applicable)

CERTIFICATION

By signing below (check one, sign and date),

- I certify that I am not married at this time and understand that if I marry when I am under age 35 and have designated a beneficiary other than my spouse, this election will remain in effect only until the first day of the plan year in which I attain age 35 at which time I must file a new Beneficiary Designation Card. Failure to complete a new Beneficiary Designation Card on or after the plan year in which I attain age 35 will result in my spouse automatically being my sole beneficiary.
- I certify that I am married and understand that my spouse is automatically my sole beneficiary unless I designate a primary beneficiary other than my spouse. Should I elect a beneficiary other than my spouse, he/she is required to sign below in the presence of a notary attesting to this election. Further, I understand that if I am married, under age 35 and have designated a beneficiary other than my spouse, this election will remain in effect only until the first day of the plan year in which I attain age 35

Signature of Participant: _____

Date: _____

SPOUSAL CONSENT (non-spouse beneficiary election)

I declare that I, _____, am the participant's spouse. I voluntarily consent to the non-spouse beneficiary designation that appears on this card. I acknowledge that this designation may cause preretirement death benefits to be paid to someone else instead of me.

Signature of Spouse: _____

Date: _____

Signature of Notary: _____

For the State of: _____

County of: _____

My Commission Expires: _____

Affix notary stamp/seal under your signature