MILLWRIGHTS' LOCAL NO. 1102 SUPPLEMENTAL PENSION FUND
BENEFICIARY DESIGNATION FORM

Participant Information:

Name – Last, First, MI	Social Security Number	Gender (check): ☐ Male ☐ Female
Street Address, Apartment Number, etc.	Birthdate	Marital Status (check): ☐ Single ☐ Married
	Phone Number	Local Union No.:
City	State	Zip

Instructions: ***Please read the instructions below.***

Married: If you are legally married for one (1) year at the time of your death, Federal law and the Millwrights Supplemental Pension Plan (MSPP) require that MSPP beneficiaries be paid to your surviving spouse. If you do ***not*** designate your spouse as your sole, primary beneficiary in Section 1, the Fund will require a notarized consent statement from your spouse (see Section 3).

Single: You may choose any person or trust as a primary or secondary beneficiary. However, if you later become married, this beneficiary designation shall cease to be effective and your spouse will automatically be substituted as your primary beneficiary as of one (1) year from the date of your marriage.

Completion of Section 2, Secondary Beneficiary, is optional. A secondary beneficiary is your beneficiary only if your primary beneficiary(ies) has not survived you.

If you choose to name more than two (2) primary and/or two (2) secondary beneficiaries, please submit an additional form and check this box on both forms. ☐ (Your spouse must sign both forms, when necessary).

For each primary or secondary beneficiary you list, all information regarding that beneficiary must be completed. Please include each beneficiary's legal name. For example: "Mary Jane Smith" ***not*** "Mrs. John H. Smith."

1. Primary Beneficiaries

If more than one person listed below survives me, my benefits shall be divided according to the percentages I have designated (the percentages must add up to 100%). If a primary beneficiary does not survive me, that beneficiary's share shall be divided among the surviving primary beneficiary(ies) in proportion to the remaining percentages.

Percent	Name or Trust	Relationship	Street Address
	Social Security or Tax ID Number	Birthdate	City State Zip
Percent	Name or Trust	Relationship	Street Address
	Social Security or Tax ID Number	Birthdate	City State Zip

2. Secondary Beneficiaries

If more than one person listed below survives me, my benefits shall be divided according to the percentages I have designated (the percentages must add up to 100%). If a secondary beneficiary does not survive me, that beneficiary's share shall be divided among the surviving secondary beneficiary(ies) in proportion to the remaining percentages.

Percent	Name or Trust	Relationship	Street Address
	Social Security or Tax ID Number	Birthdate	City State Zip
Percent	Name or Trust	Relationship	Street Address
	Social Security or Tax ID Number	Birthdate	City State Zip

3. Spousal Consent (This consent is *only* required if you designate someone other than your spouse as a primary beneficiary.)

I hereby consent to my spouse's designation of the primary beneficiary(ies) listed above. I am signing this consent voluntarily. I acknowledge that by signing below I will ***not*** receive my spouse's death benefit under the MSPP and that this consent is irrevocable unless my spouse changes his/her beneficiary designation in which a new spousal consent statement is required.

_____ signed on _____ in presence of _____

Spouse's Signature Date Notary Public

4. Participant Signature

I hereby designate the person(s) or trust(s) listed above as my primary and secondary beneficiary(ies) under the MSPP. I understand that distribution of benefits to my designated beneficiary(ies) shall be in accordance with the terms of the MSPP. I also understand that this beneficiary designation supersedes any beneficiary designation currently in effect. I reserve the right to revoke or change any beneficiary designation. I hereby revoke all prior designations (if any) of primary beneficiaries with secondary beneficiaries.

_____ signed on _____

Participant's Signature Date

PLEASE RETURN THIS FORM TO: Millwrights' Local No. 1102 Supplemental Pension Fund, 6525 Centurion Drive, Lansing, MI 48917
If you have any questions, please call the Fund Office at 888-288-6700.