



TOC – WOODWORKERS, I.A.M. BENEFIT PLANS

1220 SW Morrison Street ♦ Suite 300 ♦ Portland, OR 97205-2222
(800) 811-8853 Toll Free ♦ (503) 222-7696 ♦ (503) 228-0149 Fax



ADMINISTERED BY A&I BENEFIT PLAN ADMINISTRATORS, INC.

BENEFICIARY DESIGNATION / SPOUSAL CONSENT

| | | | |
|-------------------------|--|-------|------------------------|
| Participant Name | | | |
| Last | | First | Participant Birth Date |
| | | | Participant SSN |

| | | | |
|----------------------------|--|------|-------|
| Participant Address | | | |
| Street | | City | State |
| | | | Zip |

| | | | |
|----------------------|--|-------|---------------------|
| Spouse's Name | | | |
| Last | | First | Spouse's Birth Date |
| | | | Spouse's SSN |

Your spouse is automatically your beneficiary if you die before retirement. If you wish to designate a beneficiary other than your spouse, you may do so with the written, notarized consent of your spouse. Consent, once given by your spouse, is irrevocable. If you designate your spouse as a beneficiary and then you are divorced, the designation of your former spouse is void as of the date of the divorce.

| | | | |
|-------------------------|--|----------------------------|-----------------------------|
| | | Primary Beneficiary | Percentage of benefit: ____ |
| Beneficiary Name | | | |
| Last | | First | Beneficiary Birth Date |
| | | | Beneficiary SSN |

| | | | |
|----------------------------|--|------|-------|
| Beneficiary Address | | | |
| Street | | City | State |
| | | | Zip |

Relationship to Participant _____

| | | | |
|-------------------------|--|----------------------------|-----------------------------|
| | | Primary Beneficiary | Percentage of benefit: ____ |
| Beneficiary Name | | | |
| Last | | First | Beneficiary Birth Date |
| | | | Beneficiary SSN |

| | | | |
|----------------------------|--|------|-------|
| Beneficiary Address | | | |
| Street | | City | State |
| | | | Zip |

Relationship to Participant _____

| | | | |
|-------------------------|--|----------------------------|-----------------------------|
| | | Primary Beneficiary | Percentage of benefit: ____ |
| Beneficiary Name | | | |
| Last | | First | Beneficiary Birth Date |
| | | | Beneficiary SSN |

| | | | |
|----------------------------|--|------|-------|
| Beneficiary Address | | | |
| Street | | City | State |
| | | | Zip |

Relationship to Participant _____

Contingent Beneficiary #1

Beneficiary Name

Last First Beneficiary Birth Date Beneficiary SSN

Beneficiary Address

Street City State Zip

Relationship to Participant

Contingent Beneficiary #2

Beneficiary Name

Last First Beneficiary Birth Date Beneficiary SSN

Beneficiary Address

Street City State Zip

Relationship to Participant

Participant Signature

Date

PLEASE NOTE: If you are married and have designated someone other than your spouse as your beneficiary, then your spouse must complete the below section of this page in the presence of a Notary Public.

Spousal Consent:

The following must be completed by your spouse if a person other than your spouse is the beneficiary.

I, _____, swear that I am the legal spouse of the participant listed above. I hereby consent to my spouse naming someone other than me as the beneficiary of my spouse's pension if my spouse dies before retirement and before my spouse qualifies for early retirement. I understand by this consent that my consent is irrevocable and that I will not be paid a pension.

Spouse's Signature

Date

Spouse's SSN

Signed and sworn to before me this _____ day of _____, 20_____

- Personally known to me
- Proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to above and acknowledged that he/she executed it

Notary Public's Signature

My Commission Expires

**THE INFORMATION REQUESTED ON THIS FORM MUST BE COMPLETED AND ON FILE WITH THE ADMINISTRATOR.
PLEASE RETURN THIS FORM TO:**

**TOC-Woodworkers, IAM Defined Contribution Plan
1220 SW Morrison Street, Suite 300
Portland, OR 97205**