

BRICKLAYERS & ALLIED CRAFTWORKERS PENSION TRUST FUND

Beneficiary Designation

PRINT MEMBER NAME

MEMBER SOC. SEC. NO.

DESIGNATION OF BENEFICIARY

I, the undersigned, hereby designate the person named below as the beneficiary of all my applicable benefits in the Bricklayers & Allied Craftworkers Local 13 Pension Trust Fund.

BENEFICIARY INFORMATION

Beneficiary _____

Social Security Number _____

Street Address _____

City _____ State _____ Zip _____

Relationship _____

MEMBER SIGNATURE

DATE

— Important: Please Read Carefully —

If you are married and designate a beneficiary other than your spouse, your spouse must consent to the proposed designation of beneficiary by signing below before a notary.

SPOUSAL CONSENT

I, the undersigned, spouse of the Participant in the Bricklayers & Allied Craftworkers Local 13 Pension Trust Fund, hereby consent to the designation of beneficiary set forth above. I acknowledge that in doing so, I am waiving any rights I may have as said spouse. I give my consent knowingly and of my own free will.

Signature of Spouse (*Your Signature must be Notarized*)

Dated: _____

NOTARY:

Signature of Notary