

**LOCAL 282 - WELFARE, PENSION, ANNUITY & JOB TRAINING TRUST FUNDS**

2500 MARCUS AVENUE, LAKE SUCCESS, NY 11042 - (516) 488-2822 - (718) 343-3322 - Fax (516) 488-4490

Participant's Name \_\_\_\_\_

Participant's Address \_\_\_\_\_

Social Security No. \_\_\_\_\_ Telephone # \_\_\_\_\_

**BENEFICIARY DESIGNATION**

**PART I.**

**COMPLETE PART I. IF YOU ARE MARRIED**

I am married to \_\_\_\_\_  
**Full Name of Spouse**

My spouse's date of birth is \_\_\_\_\_

My spouse's Social Security No. is \_\_\_\_\_

1. (  ) I hereby designate my spouse as the beneficiary to receive the entire value of my account (less any outstanding loans and accrued interest), in the event that I die before commencement of my retirement benefits. In the event my spouse is not alive at the time of my death, the entire value of my account shall be paid to the Primary Beneficiaries who are living at the time of my death, in equal shares. In the event that there are no Primary Beneficiaries (other than spouse) alive at the time of my death, the Contingent Beneficiaries, alive at the time of my death, shall receive the amount otherwise payable to the Primary Beneficiaries.

2. (  ) I hereby designate my spouse as the beneficiary to receive one-half of the value of my account (less any outstanding loans and accrued interest), in the event that I die before the commencement of my retirement benefits. The remaining one-half shall be paid to the Primary Beneficiaries who are living at the time of my death, in equal shares. In the event my spouse is not alive at the time of my death, the entire value of my account shall be paid to the Primary Beneficiaries who are living at the time of my death, in equal shares. In the event that there are no Primary Beneficiaries (other than spouse) alive at the time of my death, the Contingent Beneficiaries alive at the time of my death shall receive the amount otherwise payable to the Primary Beneficiaries.

3.\* (  ) My spouse and I, hereby waive payment of any part of my account to my spouse, in the event I die before commencement of my retirement benefits. The entire value of my account (less any outstanding loans and accrued interest) shall be paid to the Primary Beneficiaries who are living at the time of my death, in equal shares. In the event that there are no Primary Beneficiaries (other than spouse) alive at the time of my death, the Contingent Beneficiaries alive at the time of my death shall receive the amount otherwise payable to Primary Beneficiaries.

**\* IF BOX 3 IS CHECKED, THE ATTACHED CONSENT FORM MUST BE COMPLETED AND NOTARIZED. IF BOX 1 OR 2 IS CHECKED, DO NOT COMPLETE THE ATTACHED CONSENT FORM (PAGES 4 & 5).**



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**PART II.**

**CHECK BOX IN PART II IF YOU ARE NOT MARRIED**

(  ) If I die before commencement of my retirement benefits and I am not married at the time of my death, the entire value of my account (less any outstanding loans and accrued interest) shall be paid to the Primary Beneficiaries (other than spouse) who are living at the time of my death in equal shares. If there are no Primary Beneficiaries who are living at the time of my death, the entire value of my account shall be paid to the Contingent Beneficiaries, who are alive at the time of my death, in equal shares.

If I should marry before I retire and if I die before commencement of my retirement benefits, and I am married at the time of my death, the entire value of my account (less any outstanding loans and accrued interest) shall be paid to my spouse at the time of my death.

**PART III.**

**COMPLETE PART III WHETHER YOU ARE MARRIED OR UNMARRIED**

**PRIMARY BENEFICIARIES  
(OTHER THAN SPOUSE)**

<b><u>NAME</u></b>	<b><u>ADDRESS</u></b>	<b><u>RELATIONSHIP TO PARTICIPANT</u></b>
SS#	_____	
	_____	
SS#	_____	
	_____	
SS#	_____	
	_____	

In the event that neither my spouse nor any of the Primary Beneficiaries named above are alive on the date of my death, then the entire value of my account (less any outstanding loans and accrued interest) shall be paid to the Contingent Beneficiaries who are living at the time of my death, in equal shares.





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CONSENT TO BENEFICIARY DESIGNATION  
UNDER THE LOCAL 282 ANNUITY TRUST FUND  
BY SPOUSE OF PARTICIPANT

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn, depose and say:  
**NAME OF SPOUSE**

1. My name is \_\_\_\_\_. I reside at \_\_\_\_\_

\_\_\_\_\_  
**ADDRESS**

2. I am married to \_\_\_\_\_. We were married

on \_\_\_\_\_ at \_\_\_\_\_  
**DATE PLACE**

My spouse and I have \_\_\_\_\_ children, whose names are:  
**NUMBER**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. I was born in \_\_\_\_\_ on \_\_\_\_\_  
**CITY AND STATE DATE**

4. I understand that my spouse is a participant in the Local 282 Annuity Trust Fund.

I understand that, if I do not sign this consent form, my spouse's Entire Account (Accumulated Share) must be used at retirement to provide a monthly Annuity, which will be paid for as long as my spouse lives and if my spouse dies before I do, I will then receive a monthly Annuity for as long as I live.

I also understand that, if I do not sign this consent form, I would be entitled to at least one-half of my spouse's Entire Account (Accumulated Share) if my spouse dies before the date that the first Annuity payment is made.



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I hereby consent to my spouse's designation of a beneficiary(ies) other than me, to receive any Annuity from my spouse's Entire Account (Accumulated Share) under the Local 282 Annuity Trust Fund. **I REALIZE THAT BY SIGNING THIS CONSENT, I WILL NOT BE ENTITLED TO ANY MONTHLY ANNUITY OR ANY OTHER PAYMENT FROM THE LOCAL 282 ANNUITY TRUST FUND.**

\_\_\_\_\_  
**SIGNATURE OF SPOUSE OF PARTICIPANT IN ANNUITY FUND**

\_\_\_\_\_  
**DATE**

**STATE OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me

came \_\_\_\_\_ to me known and

known to me to be the person described in and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

\_\_\_\_\_  
**NOTARY PUBLIC**

