

THREE RIVERS ANNUITY FUND

Fund Office: GEMGroup, Administrator, 3 Gateway Center, 401 Liberty Ave., Ste. 1200 Pittsburgh, PA 15222
Phone: (412) 471-2885 / 1-800-242-8923 / Fax: (412) 471-0944

SURVIVOR BENEFIT ELECTION

(PLEASE PRINT)

PARTICIPANT'S NAME	
SOCIAL SECURITY NO:	PHONE NO:
ADDRESS:	
DATE OF BIRTH:	

PRIMARY BENEFICIARY(IES)

1.	NAME:	SOCIAL SECURITY NO:
	ADDRESS:	BIRTH DATE:
		RELATIONSHIP:
	CITY, STATE, ZIP:	PERCENTAGE:

2.	NAME:	SOCIAL SECURITY NO:
	ADDRESS:	BIRTH DATE:
		RELATIONSHIP:
	CITY, STATE, ZIP:	PERCENTAGE:

3.	NAME:	SOCIAL SECURITY NO:
	ADDRESS:	BIRTH DATE:
		RELATIONSHIP:
	CITY, STATE, ZIP:	PERCENTAGE:

SECONDARY BENEFICIARY(IES)

1.	NAME:	SOCIAL SECURITY NO:
	ADDRESS:	BIRTH DATE:
		RELATIONSHIP:
	CITY, STATE, ZIP:	PERCENTAGE:

2.	NAME:	SOCIAL SECURITY NO:
	ADDRESS:	BIRTH DATE:
		RELATIONSHIP:
	CITY, STATE, ZIP:	PERCENTAGE:

3.	NAME:	SOCIAL SECURITY NO:
	ADDRESS:	BIRTH DATE:
		RELATIONSHIP:
	CITY, STATE, ZIP:	PERCENTAGE:

If married, your spouse is automatically your Primary Beneficiary. If you are married and wish to designate someone other than or in addition to your spouse as your Primary Beneficiary, then the "Spousal Consent" on Page 2 must be completed and notarized.

Participant's Signature: _____

Date: _____

**PARTICIPANT'S CERTIFICATION
IF NO SPOUSE**

G I HEREBY CERTIFY THAT I AM NOT NOW MARRIED AND THAT THERE ARE NO PLAN BENEFITS PAYABLE TO A FORMER SPOUSE UNDER A QUALIFIED DOMESTIC RELATIONS ORDER.

G I HEREBY CERTIFY THAT I AM NOT NOW MARRIED, HOWEVER, THERE MAY BE A REDUCTION IN MY BENEFITS AS A RESULT OF A QUALIFIED DOMESTIC RELATIONS ORDER.

PARTICIPANT'S SIGNATURE: _____ DATE: _____

SPOUSAL CONSENT

IF THE PARTICIPANT IS MARRIED, THE SPOUSE MUST SIGN THE CONSENT BELOW AND HAVE IT NOTARIZED:

I HEREBY APPROVE OF, AND CONSENT TO, THE BENEFICIARY DESIGNATION AND/OR PAYMENT OPTION ADOPTED BY MY SPOUSE AS PROVIDED ON PAGE 1. I UNDERSTAND THAT I AM ENTITLED TO RECEIVE A SPOUSE'S BENEFIT UNDER THE THREE RIVERS ANNUITY FUND UNLESS I CONSENT TO A DIFFERENT BENEFICIARY DESIGNATION. I ALSO UNDERSTAND THAT THE DESIGNATION ON PAGE 1 HAS THE EFFECT OF CAUSING THE DEATH BENEFIT UNDER THE PLAN THAT WOULD OTHERWISE BE PAYABLE TO ME TO BE PAID TO THE NAMED PERSON. I FURTHER UNDERSTAND THAT MY SPOUSE MAY NOT CHANGE THE PRIMARY BENEFICIARY DESIGNATION ON PAGE 1 WITHOUT FIRST OBTAINING MY WRITTEN CONSENT.

PRINT NAME OF SPOUSE: _____

SPOUSE'S SIGNATURE: _____ DATE: _____

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

County, _____

My Commission Expires _____

Notary Public's Signature: _____ Date: _____