

BENEFICIARY DESIGNATION FORM
Three Rivers Annuity Fund

NOTE: If you choose to name more than two Primary and/or Secondary Beneficiary(ies), please attach a separate sheet of paper with your additional designations. You must also sign and date the additional sheet of paper. If you are married and designate additional primary beneficiaries, your spouse's certification must be notarized by a Notary Public.

PARTICIPANT'S NAME	SOCIAL SECURITY NO.



TH27035010

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PARTICIPANT'S NAME	SOCIAL SECURITY NO.

I. BENEFICIARY DESIGNATIONS

A. PRIMARY BENEFICIARY DESIGNATION

MARITAL STATUS **Married** **Not Married or Widowed** **Divorced**

If I am married and have not designated my spouse as my sole primary beneficiary, this designation of beneficiary will not be effective unless consented to by my spouse below. If I am not married on the date I sign this Beneficiary Designation Form, but subsequently become married prior to benefit commencement, I understand that this designation of beneficiary shall cease to be effective upon my marriage. I hereby agree to notify the Plan Administrator in writing in the event my marital status changes.

I hereby designate as my beneficiary the person(s) listed below who survive me. If more than one person is listed, benefits shall be divided according to the percentages indicated. I understand that if I designate more than one beneficiary below, the percentages **MUST** add up to 100%. If more than one person is listed and no percentages are indicated or the percentages do not add up to 100%, benefits shall be paid in equal shares to my primary beneficiary(ies) who survive me. If a percentage is indicated and a primary beneficiary(ies) does not survive me, the percentage of that beneficiary's share shall be divided among the surviving primary beneficiary(ies) in proportion to the percentages shown for such beneficiary(ies) below.

① _____	/ /	_____	
Name	Date of birth	Social Security number	
_____	_____		[] % Percentage
Relationship	Address		
_____	/ /	_____	
② Name	Date of birth	Social Security number	
_____	_____		[] % Percentage
Relationship	Address		
		Total =	100%

SPOUSAL CONSENT

I hereby consent to my spouse's designation of the beneficiary(ies) listed above. I understand that my spouse cannot change any primary beneficiary in the future without my written consent. I understand that I do not have to sign this consent. I am signing this consent voluntarily. I further understand that if I do not sign this consent, I will be entitled to receive any benefit payable under the Plan as a result of my spouse's death.

Signature of Participant's Spouse: _____



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WITNESSED BY NOTARY PUBLIC

State of _____, County of _____, ss. On this, the ____ day of _____, 20__, before me personally appeared _____ known (or satisfactorily proven) to me to be the person who executed the foregoing Spousal Consent and acknowledged that he or she executed the same as his or her free act and deed. In witness whereof, I hereunto set my hand and official seal.

Signature of Notary (SEAL)

My Commission Expires: ____ / ____ / ____

B. SECONDARY BENEFICIARY DESIGNATION

If no primary beneficiary listed in Part A above survives me, I hereby designate as my beneficiary the person or persons listed below who survive me. I understand that if I designate more than one beneficiary below, **the percentages must add up to 100%**. Payment to secondary beneficiaries will be made according to the rules of succession described for Primary Beneficiary.

① _____ Name	____ / ____ / ____ Date of birth	_____ Social Security number	
_____ Relationship	_____ Address		<input style="width: 40px; height: 15px;" type="text"/> % Percentage
② _____ Name	____ / ____ / ____ Date of birth	_____ Social Security number	
_____ Relationship	_____ Address		<input style="width: 40px; height: 15px;" type="text"/> % Percentage
Total =			<div style="border-top: 1px solid black; width: 100%;"></div> 100%

II. SIGNATURE

I understand that distribution of benefits to my designated beneficiary or beneficiaries shall be made in accordance with the terms of the Plan. **I also understand that this beneficiary designation supersedes any beneficiary designation currently in effect.**

Signature of Participant: _____ Date: _____

Return this form to: Fund Office, Three Rivers Annuity Fund, 3 Gateway Center, 401 Liberty Avenue, Suite 1200, Pittsburgh, PA 15222-1027.



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