

BENEFICIARY DESIGNATION FORM

BRICKLAYERS OF WESTERN PA COMBINED FUNDS, INC.

Participant's Name		Social Security Number	
Telephone Number	Birth Date (MM/DD/YYYY)	Home Local	
Address		City	State Zip Code
MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Divorced (Provide copy of divorce decree(s).) <input type="checkbox"/> Single <input type="checkbox"/> Widowed (Provide copy of death certificate.) <input type="checkbox"/> Separated			

BRICKLAYERS, MASONS AND ROOFERS WELFARE FUND OF WESTERN PENNSYLVANIA

Primary Beneficiaries:

(1) Name		Social Security Number	
Address			
Street		City	State Zip Code
Telephone Number	Relationship	Birth Date (MM/DD/YYYY)	Beneficiary %
(2) Name		Social Security Number	
Address			
Street		City	State Zip Code
Telephone Number	Relationship	Birth Date (MM/DD/YYYY)	Beneficiary %

Contingent Beneficiaries:

(1) Name		Social Security Number	
Address			
Street		City	State Zip Code
Telephone Number	Relationship	Birth Date (MM/DD/YYYY)	Beneficiary %
(2) Name		Social Security Number	
Address			
Street		City	State Zip Code
Telephone Number	Relationship	Birth Date (MM/DD/YYYY)	Beneficiary %

PENSION (Check all that apply)

Bricklayers Pension Fund of Western Pennsylvania Building Trades Pension Fund of Western Pennsylvania

Primary Beneficiaries:

(1) Name		Social Security Number	
Address			
Street		City	State Zip Code
Telephone Number	Relationship	Birth Date (MM/DD/YYYY)	Beneficiary %
(2) Name		Social Security Number	
Address			
Street		City	State Zip Code
Telephone Number	Relationship	Birth Date (MM/DD/YYYY)	Beneficiary %

Contingent Beneficiaries:

(1) Name		Social Security Number	
Address			
Street		City	State Zip Code
Telephone Number	Relationship	Birth Date (MM/DD/YYYY)	Beneficiary %
(2) Name		Social Security Number	
Address			
Street		City	State Zip Code
Telephone Number	Relationship	Birth Date (MM/DD/YYYY)	Beneficiary %

(over)

SPOUSAL CONSENT: If you are married and have named someone other than your spouse to receive some or all of the survivor benefits as a primary beneficiary, such a designation will only be valid regarding Pension benefits if you obtain your spouse's consent as evidenced by his or her signature below, which must be acknowledged by a Notary Public.

I _____, swear that I am the legal spouse of the Participant named above. I understand that the applicable Plans are obligated to pay Pension benefits to me as sole primary beneficiary in the event of my spouse's death, unless I consent to the designation of some other individual as indicated below:

I have reviewed this entire form and consent to the designation of _____ as primary beneficiary(ies) for Pension benefits. Such designation may not be changed or revoked without my consent.

Signature of Spouse

Date

The Signature of Spouse was acknowledged before me on _____, 20__.

State of _____

Notary Public

My Commission Expires: _____

PARTICIPANT SIGNATURE: I certify that all information furnished in this form is true to the best of my knowledge. I understand and agree that any misrepresentation by me may constitute grounds for the denial of benefits to me or on my behalf or for the cancellation or recovery of benefit payments made in reliance thereon.

Signature of Participant

Date