

**DESIGNATION OF BENEFICIARY FORM
PENSION PLAN FOR EMPLOYEES OF SEIU**

Name: _____ Date of Birth: _____

SSN: _____ Date of Hire: _____

I hereby designate _____ presently residing at

_____ in _____
(Number and Street) (City/State/Zip Code)

_____ (Relationship *If Married, See Reverse Side) _____ (Social Security Number)

as my beneficiary to receive any benefits which may become payable in the event of my death by virtue of the provision of the "Pension Plan for Employees of the Service Employees International Union."

The birthdate of this beneficiary is: _____.

Should the aforesaid beneficiary not be living at my death, then I designate:

_____ (Name) _____ (Relationship)

_____ presently residing at:

_____ (Social Security Number)

_____ in _____
(Number and Street) (City/State/Zip Code)

as the person to receive such benefits.

Should the aforesaid beneficiary not be living at my death, then I designate:

_____ (Name) _____ (Relationship)

_____ presently residing at:

_____ (Social Security Number)

_____ in _____
(Number and Street) (City/State/Zip Code)

as the person to receive such benefits.

My present home address is: _____
(Number and Street)

_____ (City/State/Zip Code)

THIS SUPERSEDES ANY DESIGNATION OF BENEFICIARY FORM PREVIOUSLY SUBMITTED.

Signed: _____

Date: _____

**SPOUSAL CONSENT FORM
PENSION PLAN FOR EMPLOYEES OF SEIU**

If you are married and have named someone **other than your spouse** as your beneficiary, this form must be completed each time you designate (or update) your beneficiary. Your spouse must sign this form in the presence of a Benefit Funds Representative **or** a Notary Public. If the Benefit Funds Office does not receive this completed form, your Designation of Beneficiary Form will be void. If you are unable to locate your spouse, contact the Benefit Funds Office for instructions.

(Plan Participant)

(Name of Beneficiary)

(Relationship to Plan Participant)

I, _____, spouse of the above named Participant, acknowledge and agree that an alternate beneficiary, as named above, has been selected to receive death benefits on behalf of the above named Participant under the Pension Plan for Employees of the Service Employees International Union.

(Spouse's Signature)

State of _____)

SS:

County of _____)

On the _____ day of _____ 20____

before me described in and who executed the foregoing statement and (s)he duly acknowledge to me that (s)he executed the same.

(Notary Public)

OR

(Pension Department Representative)

Revised 1/11/2012