

**LOCAL 282 – ANNUITY TRUST FUND**  
**PRE-RETIREMENT BENEFICIARY DESIGNATION FORM**

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

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Participant's Address: \_\_\_\_\_  
Street City State Zip Code

**IMPORTANT NOTICES:**

- All benefits payable at death are subject to the provisions of any QDROs that may exist with respect to your account balance, and will be reduced by any outstanding loans and accrued interest, in accordance with the terms of the Plan.
- Please review pages 14-15 of the Summary Plan Description for a description of benefits that may be payable if you die before you retire.
- This Beneficiary Designation Form is not valid unless filed at the Fund Office prior to your death.
- If you change marital status after filling out this form, you should consider filing a new form. Only the most recent designation form filed with the Fund Office will be given effect.
- If you and your spouse die simultaneously or under circumstances where it cannot be determined with reasonable certainty who died first, then it will be presumed for purposes of this designation that you survived your spouse.
- Be sure to sign and date this form before sending it to the Fund Office.

**If you are married and you do not designate any Primary Beneficiaries below**, your Qualified Spouse will receive your Accumulated Share (as defined in Section 3.1 of the Local 282 Annuity Trust Fund Rules and Regulations) in the event that you die before you commence retirement benefits under the Plan. Your Qualified Spouse will either be 1) your lawful spouse throughout the 12-month period ending the day before your death or 2) a person who is required to be treated as a Qualified Spouse under a Qualified Domestic Relations Order (QDRO), to the extent provided for under the QDRO. Any Contingent Beneficiaries you designate below who are living at the time of your death will receive equal portions of your Accumulated Share if your Qualified Spouse dies before you do, unless you file a new designation form.

**If you are married and you designate Primary Beneficiaries below**, your Qualified Spouse (described in the paragraph above) will receive the equivalent of one-half of your Accumulated Share in the event that you die before you commence retirement benefits under the Plan. The remaining one-half of your Accumulated Share will be paid to the Primary Beneficiaries you designate below who are living at the time of your death or, if no Primary Beneficiaries designated below are living at the time of your death, to the Contingent Beneficiaries designated below who are living at the time of your death, in equal shares.

**If you are married and wish to waive automatic payment of your Accumulated Share to your Qualified Spouse, read the statement below and check the space next to it:**

( ) **My spouse and I** hereby waive payment of any part of my Accumulated Share to my spouse in the event I die before commencement of my retirement benefits. My Accumulated Share will be paid to the Primary Beneficiaries I list below who are living at the time of my death or, if no Primary Beneficiaries listed below are living at the time of my death, to the Contingent Beneficiaries listed below who are living at the time of my death, in equal shares. *(If you choose this option, your spouse must sign the consent form below. If you have not yet turned 35 when you fill out this form, your waiver will not become valid until the earlier of your 35<sup>th</sup> birthday or the date you stop working for your employer).*

**If you are not currently married** and if you die before commencement of your retirement benefits and you have no Qualified Spouse at the time of your death, your Accumulated Share will be paid to the Primary Beneficiaries designated below who are living at the time of your death or, if no Primary Beneficiaries designated below are living at the time of your death, to the Contingent Beneficiaries listed below who are alive at the time of your death, in equal shares.

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**Primary Beneficiary(ies)**

	NAME	SSN	RELATIONSHIP
1.	_____	_____	_____
	ADDRESS _____		
	Street	City	State Zip Code
2.	_____	_____	_____
	ADDRESS _____		
	Street	City	State Zip Code
3.	_____	_____	_____
	ADDRESS _____		
	Street	City	State Zip Code

**Contingent Beneficiary (ies)**

	NAME	SSN	RELATIONSHIP
1.	_____	_____	_____
	ADDRESS _____		
	Street	City	State Zip Code
2.	_____	_____	_____
	ADDRESS _____		
	Street	City	State Zip Code
3.	_____	_____	_____
	ADDRESS _____		
	Street	City	State Zip Code

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
DATE

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**SPOUSAL CONSENT TO BENEFICIARY DESIGNATION  
UNDER THE LOCAL 282 ANNUITY TRUST FUND**

1. My name is \_\_\_\_\_. I reside at \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code
2. I am married to \_\_\_\_\_, the participant listed on the first page of this Form.  
We were married on \_\_\_\_\_ at \_\_\_\_\_  
Date Place
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.
5. I understand that, if I do not sign this consent form, I will be entitled to at least one-half of the value of my spouse's Accumulated Share if my spouse dies before commencing retirement benefits.
6. I hereby consent to my spouse's designation of the beneficiary(ies) listed above, to receive the full value of my spouse's Accumulated Share under the Local 282 Annuity Trust Fund. **I REALIZE THAT BY SIGNING THIS CONSENT, I WILL NOT BE ENTITLED TO ANY PAYMENT FROM THE LOCAL 282 ANNUITY TRUST FUND UNLESS I AM LISTED AS ONE OF MY SPOUSE'S PRIMARY BENEFICIARIES.**

\_\_\_\_\_  
SIGNATURE OF SPOUSE

\_\_\_\_\_  
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

