



TOC – WOODWORKERS, I.A.M. BENEFIT PLANS

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ADMINISTERED BY A&I BENEFIT PLAN ADMINISTRATORS, INC.

BENEFICIARY DESIGNATION / SPOUSAL CONSENT

Participant Name			
Last		First	Participant Birth Date
			Participant SSN

Participant Address			
Street			
City		State	Zip

Spouse's Name			
Last		First	Spouse's Birth Date
			Spouse's SSN

Your spouse is automatically your beneficiary if you die before retirement. If you wish to designate a beneficiary other than your spouse, you may do so with the written, notarized consent of your spouse. Consent, once given by your spouse, is irrevocable. If you designate your spouse as a beneficiary and then you are divorced, the designation of your former spouse is void as of the date of the divorce.

Beneficiary Name		Primary Beneficiary	Percentage of benefit: ____
Last		First	Beneficiary Birth Date
			Beneficiary SSN

Beneficiary Address			
Street			
City		State	Zip

Relationship to Participant _____

Beneficiary Name		Primary Beneficiary	Percentage of benefit: ____
Last		First	Beneficiary Birth Date
			Beneficiary SSN

Beneficiary Address			
Street			
City		State	Zip

Relationship to Participant _____

Beneficiary Name		Primary Beneficiary	Percentage of benefit: ____
Last		First	Beneficiary Birth Date
			Beneficiary SSN

Beneficiary Address			
Street			
City		State	Zip

Relationship to Participant _____

Contingent Beneficiary #1

Beneficiary Name

Last First Beneficiary Birth Date Beneficiary SSN

Beneficiary Address

Street City State Zip

Relationship to Participant

Contingent Beneficiary #2

Beneficiary Name

Last First Beneficiary Birth Date Beneficiary SSN

Beneficiary Address

Street City State Zip

Relationship to Participant

Participant Signature

Date

PLEASE NOTE: If you are married and have designated someone other than your spouse as your beneficiary, then your spouse must complete the below section of this page in the presence of a Notary Public.

Spousal Consent:

The following must be completed by your spouse if a person other than your spouse is the beneficiary.

I, _____, swear that I am the legal spouse of the participant listed above. I hereby consent to my spouse naming someone other than me as the beneficiary of my spouse's pension if my spouse dies before retirement and before my spouse qualifies for early retirement. I understand by this consent that my consent is irrevocable and that I will not be paid a pension.

Spouse's Signature

Date

Spouse's SSN

Signed and sworn to before me this _____ day of _____, 20_____

- Personally known to me
- Proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to above and acknowledged that he/she executed it

Notary Public's Signature

My Commission Expires

THE INFORMATION REQUESTED ON THIS FORM MUST BE COMPLETED AND ON FILE WITH THE ADMINISTRATOR. PLEASE RETURN THIS FORM TO:

**TOC-Woodworkers, IAM Defined Contribution Plan
1220 SW Morrison Street, Suite 300
Portland, OR 97205**