I.A.T.S.E. ANNUITY FUND
BENEFICIARY DESIGNATION

Account Number 60586-1-1

Participant's Social Security No. _____

Participant's Name _____ _____ _____
first middle last

Participant's Address _____
street city

_____
state zip

Marital Status: ☐ Married ☐ Single ☐ Divorced

IMPORTANT: If no valid beneficiary designation is on file or if designation cannot otherwise be determined, beneficiary will be determined by the plan fiduciary according to plan documents and applicable law. If one or more of the beneficiaries predecease the participant or die before receiving full payment, then any remaining payment on account of the participant's death will be distributed equally among the surviving beneficiaries.

This designation supersedes any prior designation.

Primary Beneficiary: (Check box 1, 2 or both)

1. ☐ **Spouse Primary Beneficiary:** I designate at least 50% of my account balance upon my death to my spouse.

Percent: _____%

Spouse's Name: _____

Spouse's Social Security No.: _____ Spouse's Date of Birth: _____
mm/dd/yyyy

Spouse's Address:

_____
street

_____
city state zip

Telephone Number or Email Address: _____

FAX 212-792-8323.

2. ☐ **Non-Spouse or Multiple Primary Beneficiaries:** In addition to or in lieu of the election made above, I designate the following person(s) to receive the indicated percentage of my account balance upon my death: (Must be in whole percentages; boxes 1 & 2 must total 100%.)

a) Percent: _____%

Name: _____

Social Security No.: _____ Date of Birth: _____
mm/dd/yyyy

Address:_____
street

_____
city state zip

Telephone Number or Email Address: _____

b) Percent: _____%

Name: _____

Social Security No.: _____ Date of Birth: _____
mm/dd/yyyy

Address:_____
street

_____
city state zip

Telephone Number or Email Address: _____

c) Percent: _____%

Name: _____

Social Security No.: _____ Date of Birth: _____
mm/dd/yyyy

Address:_____
street

_____
city state zip

Telephone Number or Email Address: _____

Return Completed Forms To: I.A.T.S.E. Annuity Fund, 417 Fifth Avenue, New York, NY 10016

*** If you are married and you have designated less than 50% of your account balance to your spouse as primary beneficiary, please have your spouse provide consent below.**

SPOUSAL CONSENT: I understand I have a legal right to a death benefit equal to 50% of the participant's account balance. I consent to waive that legal right in accordance with the beneficiary designation set forth above. I acknowledge that I have a right to limit my consent only to a specific beneficiary and that I voluntarily elect to relinquish such right. I further understand and acknowledge that if I sign this form, no death benefit will be payable to me except as provided above.

_____ _____/_____/_____
Spouse's Signature Date

Witnessed: State _____ County _____

BEFORE ME, the undersigned, a Notary Public, personally appeared _____, and

proved to me through satisfactory evidence of identification which was/were _____, to

be the person whose name is signed on the preceding document in my presence and who affirmed to me that they executed the above Consent of Spouse as a free and voluntary act.

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal this _____ day of

_____, _____.

_____ _____/_____/_____
Notary Public Signature Date Commission Expires

FAX 212-792-8323.

PARTICIPANT SIGNATURE

I understand that this beneficiary designation supersedes any previous designation.

_____ _____/_____/_____

Participant Date

FUND OFFICE AUTHORIZATION

I, the plan administrator, certify, to the best of my knowledge, the above information is correct. If a married participant designated a Non-Spouse Primary Beneficiary, and the spouse's signature was not witnessed by a Notary Public, I certify I witnessed the spouse's signature agreeing to the designation.

_____ _____/_____/_____

Plan Administrator Date

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