

**OPERATIVE PLASTERERS AND CEMENT MASONS  
PROFIT SHARING ANNUITY PLAN**

**BENEFICIARY DESIGNATION FORM**

Please Print

This form shall be used only for the designation of a beneficiary for individuals participating in the Operative Plasterers and Cement Masons Profit Sharing Annuity Plan. This form shall not be used for any other fringe benefit fund.

MARITAL STATUS: You must check one.

I am unmarried.       I am married.

If you are married, you must provide the following information:

Spouse's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

PRIMARY BENEFICIARY

I, \_\_\_\_\_, request that any death benefit payable from the Plan listed above be paid to my primary beneficiary, who is (check one, and complete as appropriate):

My spouse ("spouse" means the person to whom you are married at death. The Waiver of Spouse as Beneficiary on Side 2 of this form does not have to be completed if you name your spouse as primary beneficiary.)

The following person, if he or she survives me (If you are married, the beneficiary shall be your spouse unless your spouse has executed the Waiver of Spouse as Beneficiary on Side 2 of this form. If you are not married, all death benefits will be paid to your designated Beneficiary):

\_\_\_\_\_

Name

\_\_\_\_\_

Relationship

\_\_\_\_\_

Address

**OVER**

