## 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.

The following person, if I spouse unless your spous	ne or she survives me (If you are married, the beneficiary shall be you e has executed the Waiver of Spouse as Beneficiary on Side 2 of thirded, all death benefits will be paid to your designated Beneficiary):
specific in printing content	
	ans the person to whom you are married at death. The Waiver of a Side 2 of this form does not have to be completed if you name you ciary.)
I,be paid to my primary benefit	, request that any death benefit payable from the Plan listed above ciary, who is (check one, and complete as appropriate):
PRIMARY BENEFICIARY	
Date of Birth	Social Security Number
Spouse's Name	
If you are married, you must	provide the following information:
<del></del>	_ 1 am mamed.
I am unmarried.	Lam married

**OVER** 

## **CONTINGENT BENEFICIARY**

		or if all primary beneficiaries on tingent beneficiaries as follow	
Name	Relationship	Address	Percentage
Name	Relationship	Address	Percentage
This revokes	any and all previous bene	ficiary designations I have made	<del>)</del> .
WITNESSES	:		
		Signature of Participant	
		Social Security Number	
		Date	
WAIVER OF	SPOUSE AS BENEFIC	IARY	
and understan	d that I am waiving my rig rticipant. I hereby waive	_, the above referenced spouse oght as beneficiary to all of my spomy right as beneficiary.	of the participant, have read use's benefit plans to which
Participant's S	pouse	_	
State of	) ) SS		
County of			
The foregoing	g waiver was acknowledg	ed by	
before me this	s day of	(Participant's, 20	Spouse)
Notary Public			