

ATU 1596 PENSION FUND
DESIGNATION OF BENEFICIARY OTHER THAN SPOUSE

PLEASE PRINT OR TYPE:

Name: _____

Social Security No.: _____

Primary Beneficiary

I am married. I wish to designate the following person other than my spouse as my primary beneficiary entitled to receive any benefit due in the event of my death:

a. Name of Primary Beneficiary: _____

b. Relationship to Employee: _____

c. Beneficiary's Social Security Number: _____

d. Date of Birth of Beneficiary: _____

e. Sex of Beneficiary: Male _____ Female _____

f. Home Address of Beneficiary: _____

g. Telephone Number of Beneficiary: (____) _____

The above designation of beneficiary revokes any and all prior designations of beneficiaries. I understand that the beneficiary I select may affect the amount of benefits to be paid to me.

EMPLOYEE'S SIGNATURE

DATE

STATE OF FLORIDA)
) ss.
COUNTY OF)

BEFORE ME, the undersigned authority, personally appeared _____ ,
who is personally known to me or has produced _____ as

identification and who did sign the foregoing document for the reasons therein contained.

SWORN TO AND SUBSCRIBED before me this ____ day of _____, 20____

Notary Public, State of Florida at Large
My Commission Expires:

Signed: _____

[NOTARY SEAL]

I, _____, the spouse of _____
NAME OF SPOUSE NAME OF PARTICIPANT

hereby agree that my spouse may designate a beneficiary other than myself under the ATU 1596 Pension Plan. I understand that by signing this waiver, I give up any and all rights I have or may have to a benefit under my spouse's ATU 1596 Pension Plan.

Signature of spouse Dated: _____

STATE OF FLORIDA)
) ss.
COUNTY OF)

BEFORE ME, the undersigned authority, personally appeared _____ ,
who is personally known to me or has produced _____ as
identification and who did sign the foregoing document for the reasons therein contained.

SWORN TO AND SUBSCRIBED before me this ____ day of _____, 20____

Notary Public, State of Florida at Large
My Commission Expires:

Signed: _____

[NOTARY SEAL]