



Chicago & Vicinity Laborers' District Council

Pension Fund

LiUNA!

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60-MONTH POST-RETIREMENT SURVIVOR BENEFICIARY DESIGNATION FORM (6/2018)

(ONLY COMPLETE THIS FORM IF THE 60-MONTH POST-RETIREMENT OPTION HAS BEEN ELECTED AND NO. 15 ON APPLICATION HAS BEEN COMPLETED)

I have declined the Joint and Survivor Annuity and wish for my pension to be paid under the 60-Month Post-Retirement Option, in accordance with Article 5 of the Pension Plan.

In the event of my death, please continue payments remaining (if any) under the 60 month guarantee as well as payments due under the 60-Month Post Retirement Option to the following:

Name of Designated Beneficiary	Relationship	Social Security Number	
Address of Designated Beneficiary		City or Town	State ZIP Code
Name of Designated Beneficiary	Relationship	Social Security Number	
Address of Designated Beneficiary		City or Town	State ZIP Code
Name of Designated Beneficiary	Relationship	Social Security Number	
Address of Designated Beneficiary		City or Town	State ZIP Code
Name of Designated Beneficiary	Relationship	Social Security Number	
Address of Designated Beneficiary		City or Town	State ZIP Code

Such payments shall be equal to 100% of the actuarially reduced payments you were receiving upon your death and shall be payable for a total of 60 months, equally among all beneficiaries listed above.

If the Designated Beneficiary dies before the Participant or cannot be reasonably located or revoked, benefits will be paid to the Contingent Beneficiary listed on a separate election form or to the first of the successive classes of beneficiaries surviving the death of the Participant or Designated Beneficiary in accordance with the Plan rules and regulations.

Should you wish to change this designation, please forward a revised Beneficiary Designation Form to the Fund Office. The last Beneficiary Designation Form on file with the Fund Office will be the controlling form. All benefit payments under this optional form of payment are subject to the Plan rules and regulations. **Please note that if you designate your spouse as your beneficiary and you subsequently get divorced, the beneficiary designation shall not be valid (except in accordance with a qualified domestic relations order.)** You will need to file a new beneficiary designation election naming (or a qualified domestic relations order must name) your former spouse as the beneficiary after the divorce.

Date	Signature of Participant		
Social Security Number	Print your name		
Address of Participant		(Apt. #)	
City or Town	State	ZIP Code	

IF YOU ARE MARRIED AND HAVE DESIGNATED SOMEONE OTHER THAN YOUR SPOUSE AS BENEFICIARY, THEN BOTH YOU AND YOUR SPOUSE MUST SIGN THE BELOW STATEMENT IN FRONT OF A NOTARY PUBLIC.

EMPLOYEE'S STATEMENT

I, _____, wish to designate a person(s) other than my spouse to be the
(print name)
beneficiary(ies) for any benefits payable from the Fund under the 60-Month Post-Retirement Option in the event of my death.

I hereby swear of affirm that the person co-signing this document is my current legal spouse.

Date

Employee's Signature

Date

Spouse's Signature

State of _____ County of _____

On the _____ day of _____, 20_____, before me came _____
and _____ to me known and known to me to be the person described in and who
executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

Notary Public

Signature of Designated Plan Representative

My Commission Expires

(SEAL)