

**NORTHERN CALIFORNIA GLAZIERS TRUST FUND**  
**P.O. BOX 23130 • OAKLAND, CA 94623-0190**  
**Tel: (510) 864-6410 • Toll Free: (866) 894-3705**

**Beneficiary Designation**

LAST NAME	FIRST NAME IN FULL	MIDDLE NAME IN FULL	
STREET ADDRESS		CITY	STATE      ZIP
SOCIAL SECURITY NUMBER		TELEPHONE NUMBER	
DATE OF BIRTH / /	CURRENT MARITAL STATUS (Please Check One) <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced & Remarried <input type="checkbox"/> Widow(er)		
SPOUSE'S NAME (If Legally Married)		DATE OF MARRIAGE	
SPOUSE'S SOCIAL SECURITY NO.		IF DIVORCED OR LEGALLY SEPARATED, GIVE DATE (S)	

**THOSE WHO ARE DIVORCED OR LEGALLY SEPARATED MUST SUBMIT A COPY OF THE FINAL JUDGEMENT(S) OF DISSOLUTION OF MARRIAGE(S) OR LEGAL SEPARATION, UNLESS YOU HAVE PREVIOUSLY DONE SO. IF YOU ARE MARRIED AND NAME A BENEFICIARY OTHER THAN YOUR SPOUSE, YOUR SPOUSE MUST COMPLETE THE SPOUSAL CONSENT FORM ATTACHED.**

**EXPLANATION REGARDING DESIGNATION OF BENEFICIARY**

You may designate the same person to receive all benefits named on the lower portion of this form. If you list more than one beneficiary, they shall share the applicable benefits equally unless otherwise designated. You may also designate a contingent beneficiary to receive benefits if your primary beneficiary(ies) should die. If you do not designate anyone, then applicable benefits will be payable as provided under the Plan.

**PLEASE BE ADVISED – Your previous designation of your spouse as your beneficiary is automatically revoked upon a Final Judgment of Dissolution of Marriage, unless a Qualified Domestic Relations Order (QDRO) provides otherwise.**

**BE SURE TO COMPLETE THE ENTIRE FORM AND RETURN IT TO THE TRUST FUND OFFICE.**

**BENEFICIARY DESIGNATION**

I \_\_\_\_\_, Social Security No. \_\_\_\_\_ do hereby designate the following named person or persons as my beneficiary or beneficiaries to receive any monies that may be payable by reason of my death from the Bay Area Painters and Tapers Trust Funds.

In the event of my death, pay any applicable benefits to:

**Primary Beneficiary(ies):** (If more space is required, attach a second page)

Full Name	SSN	Date of Birth	Relationship	% of Distribution
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Address

Full Name	SSN	Date of Birth	Relationship	% of Distribution
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Address

**Contingent Beneficiary(ies)**

Full Name	SSN	Date of Birth	Relationship	% of Distribution
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Address

Full Name	SSN	Date of Birth	Relationship	% of Distribution
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Address

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**SPOUSAL CONSENT**

If you designate a beneficiary other than your spouse, your spouse must give their notarized written consent below.

I \_\_\_\_\_, hereby consent to the designation of the beneficiary named above and understand that any benefits due as a result of my Husband's / Wife's death will be paid to the named (Circle One) beneficiary(*ies*), and I will not receive any surviving spouse benefit payable for my life.

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, before me,

\_\_\_\_\_, the undersigned Notary Public,

personally appeared, \_\_\_\_\_, \_\_\_\_\_,

Signature

- personally known to me
- proved to me on the basis of satisfactory evidence

to be the person whose name was subscribed to the within instrument, and acknowledged that He / She executed it. (Circle One)

WITNESS my hand and official seal.

\_\_\_\_\_  
Notary's Signature