

**Building Service 32BJ Supplemental Retirement Savings Plan (SRSP)**

**BENEFICIARY DESIGNATION FORM**

**1-800-752-2697**



- Use this form to designate your beneficiary(ies) for any benefits payable under the Plan in the event of your death.
- You may use a separate sheet to list additional beneficiaries and attach it to this form if necessary.
- You are required to complete all sections of this form **in ink**.
- You should review your beneficiary designation any time your marital status changes.
- You may change your designation or beneficiary at any time by completing a new Designation of Beneficiary Form.

**1. BENEFICIARY(IES) DESIGNATION**

**If you are married and you do not name your spouse as beneficiary of all of your benefits under the Plan, you must obtain your spouse's signature in the SPOUSAL CONSENT section below.** If you name more than one primary beneficiary, the Plan benefit payable upon your death will be divided equally among your primary beneficiaries, unless you indicate otherwise in the benefit percentage column. Be sure that the total benefit percentages payable to primary beneficiaries equals 100%. Unless you indicate otherwise on a separate sheet attached to this form: 1. If only one of the multiple primary beneficiaries survives, you, he or she will receive 100% of the benefits that would have otherwise been payable to you and, 2. If all of your primary beneficiary(ies) predecease you, your plan benefit will be paid to the secondary beneficiary(ies) named below.

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

Full Name (Last, First, Middle Initial)	Address (Street, City, State, Zip)	SSN	Date of Birth	Relationship	Benefit %
1.					
2.					
3.					

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

Full Name (Last, First, Middle Initial)	Address (Street, City, State, Zip)	SSN	Date of Birth	Relationship	Benefit %
1.					
2.					
3.					

**2. MARITAL STATUS** I certify that I am (check one)

- Married - (you must complete Section 4 if you name someone other than your spouse as sole primary beneficiary).
- Not Married - (you must complete a new Beneficiary Designation Form if your marital status changes).

**3. PARTICIPANT SIGNATURE**

I hereby make the designation of beneficiary(ies) specified above and revoke any previous designations made under the Plan. I understand that I may only change the beneficiaries named above by filing a new Designation of Beneficiary Form, in good order.

\_\_\_\_\_

Participant Name (Please print clearly) \_\_\_\_\_  
Social Security Number

\_\_\_\_\_

Address (Street, City, State, Zip Code) \_\_\_\_\_  
Telephone Number

\_\_\_\_\_

Participant Signature \_\_\_\_\_  
Date

**4. SPOUSAL CONSENT**

I voluntarily consent to permit my spouse to name a beneficiary other than me to receive the death benefit due under the Plan and I understand that: (1) the effect of my consent will be to forfeit benefits I would otherwise be entitled to receive upon my spouse's death; (2) my spouse's designation of another primary beneficiary is not valid unless I consent to; and, (3) my consent is irrevocable unless my spouse revokes this waiver.

\_\_\_\_\_

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

On \_\_\_\_\_ (date) before me, personally appeared \_\_\_\_\_ (Name) and executed this instrument, acknowledging that he/she is the participant's sponsor and that he/she signed this instrument as his/her free act and deed.

\_\_\_\_\_  
Signature of Notary Public, or Authorized Plan Representative \_\_\_\_\_  
My commission expires on

I hereby affirm that the contents of this form are truthful and accurate to the best of my knowledge and belief.

**5. Please return completed form to:**

<p><b>US Postal Mail (including USPS Express Mail)</b>  <b>Mercer</b>  <b>Attn: Building Service 32BJ SRSP (650630)</b>  <b>P.O. Box 9740</b>  <b>Providence, RI 02940-9740</b></p>	<p><b>Other Courier Mail</b>  <b>Mercer</b>  <b>Attn: Building Service 32BJ SRSP (650630)</b>  <b>Investors Way</b>  <b>Norwood, MA 02062</b></p>
---	---

