

BENEFICIARY DESIGNATION

As a Participant in Sheet Metal Workers Local No. 83 Annuity Fund, I, _____, hereby acknowledge that the Plan Administrator has informed me that, should I die before retirement, my Vested Benefit shall be paid to my spouse, provided we have been married for at least one year at the time of my death.

Check applicable provision

- () If my spouse does not survive me I direct that my benefit be paid in equal shares to such of my children as shall be living at my death, except that the then living descendants of a deceased child of mine shall take per stirpes the share which the child would have received if living. I intend that this provision provide for all my children including any hereafter born or adopted.
- () As of the date of this signature, I hereby certify that I am not currently married, and designate the following person(s) as my beneficiary in the event I die before I retire. I understand that this Designation shall be automatically revoked if I marry between now and my death or retirement from the Plan, and the above paragraph shall become effective. I may, at that time and with the consent of my spouse, execute a waiver of my spouse as my designated beneficiary and name a new beneficiary in place thereof.
- () With the consent of my spouse, _____, I have appointed the following Primary Beneficiaries:

Primary Beneficiaries:

Name: _____ SSN: _____

Address: _____ City: _____ State: _____ Zip: _____
 Percentage of total benefit to be paid to the above person _____ %.

Name: _____ SSN: _____

Address: _____ City: _____ State: _____ Zip: _____
 Percentage of total benefit to be paid to the above person _____ %.

Name: _____ SSN: _____

Address: _____ City: _____ State: _____ Zip: _____
 Percentage of total benefit to be paid to the above person _____ %.

Name: _____ SSN: _____

Address: _____ City: _____ State: _____ Zip: _____
 Percentage of total benefit to be paid to the above person _____ %.

- () I have designated more than one Primary Beneficiary, and if at least one, but fewer than all, of those Primary Beneficiaries survive me, I direct that the death benefit be divided among my surviving Primary Beneficiaries in the ratio established by the percentages indicated. If the percentages do not add up to 100%, the benefit shall be allocated by the ratio of the percentages.

If my spouse, children or Primary Beneficiaries all fail to survive me then I name the following Contingent Beneficiaries:

**Spousal Consent
Designation of Nonspousal Beneficiary
With Revocation and Limitation Elections**

Plan Name: Sheet Metal Workers Local No. 83 Annuity Fund (the "Plan")

Participant: _____

Participant's Spouse: _____

I, the undersigned Spouse of the above named Plan Participant, do hereby give my consent to the designation by my Spouse of the Primary Beneficiary(ies) named in the attached Beneficiary Designation, which is dated _____, and to the designation by my Spouse of the Secondary Beneficiary(ies) named in the attached Beneficiary Designation as the Primary and Secondary Beneficiaries, respectively, to receive any benefit becoming payable by reason of the death of my Spouse. I also consent to the payment of death benefits to such Beneficiaries in any form provided by the Plan. I have initialed each designation of beneficiary on the attached form.

I understand that, if this consent is in effect at the time of my Spouse's death, I have waived (given up) any claim to any right I might then have to any benefit under the Plan payable due to my Spouse's death, except to the extent that my Spouse may name me specifically as a Beneficiary herein. I also understand that, had I not given this consent, I would have had a right protected by law (subject to the provisions of any applicable qualified domestic relations order in favor of another person) to benefits payable in the event of the death of my Spouse if my Spouse dies while married to me.

[Options check the applicable box and initial your selection] Must check at least one

This consent and waiver is my free and voluntary act. By giving this consent, I am voluntarily relinquishing my right to limit my consent to a specific form of benefits. I intend the consent and waiver set forth herein to continue to be effective in the event of my incompetency.

This consent and waiver is my free and voluntary act. By giving this consent, I am not relinquishing my right to limit my consent to a specific form of benefits. Any change in the form of benefit must be consented to by me. I intend the consent and waiver set forth herein to continue to be effective in the event of my incompetency.

I understand that I have the right to revoke this consent and waiver by delivering to the Plan Administrator, on forms satisfactory to such Plan Administrator, a written revocation of this consent and waiver, provided however, that to be effective, such revocation must be delivered before the death of my Spouse. Upon the death of my Spouse, the consent and waiver contained herein, if not previously revoked, shall be irrevocable.

I understand that I CANNOT REVOKE this consent, and that, by executing this consent, I am voluntarily relinquishing my right to limit this consent to a specific Beneficiary or to a specific form of benefits.

Signature of Spouse

_____ of _____)

County of _____)

I, _____, a Notary Public in and for the County of _____, State of _____, do hereby certify that on this _____ day of _____, _____ before me came _____, to me known to be the person whose name is subscribed above, and that he/she did in my presence execute the Spousal Consent and Waiver, having acknowledged to me that he/she did so as a free and voluntary act.

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(SEAL)
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Notary Public

My Commission Expires: _____