

**1 Information About You**

Name (First, M.I., Last):  Social Security #:   
 Home Telephone: (  )  Work Telephone: (  )  Ext.  Marital Status:  Married  Single

**Note:** When your marital status changes, you must notify your Plan Administrator of that change and should complete a new Beneficiary Designation worksheet. If you are married and designating a beneficiary for a pre-retirement survivor benefit, please read the Qualified Pre-Retirement Survivor and Annuity Notice on the back of this worksheet. Your vested account balance may be made payable to your estate, if you do not complete this worksheet before your death.

**2 Participant's Beneficiary Designation(s)**

List your beneficiary(ies) in the spaces provided below, and check either the "Primary" or "Contingent" box on the right to specify the type of beneficiary you are designating. The percentages of your primary beneficiaries must total 100%. If you designate any contingent beneficiaries, the percentages for those beneficiaries must also total 100%. If no percentage is indicated, the co-beneficiaries will share equally. If any beneficiary dies before you, the remaining co-beneficiaries will share equally. For more information, see the Definitions and Important Information section.

Beneficiary Designation Worksheet

Beneficiary Name (First, M.I., Last):  Relationship:   Primary  Contingent  
 Social Security #:  Home Telephone: (  )  Date of Birth:   
 Street Address:  This Beneficiary's Share:  %  
 City/Town:  State:  Zip:  U.S. Citizen:  Yes  No

Beneficiary Name (First, M.I., Last):  Relationship:   Primary  Contingent  
 Social Security #:  Home Telephone: (  )  Date of Birth:   
 Street Address:  This Beneficiary's Share:  %  
 City/Town:  State:  Zip:  U.S. Citizen:  Yes  No

Beneficiary Name (First, M.I., Last):  Relationship:   Primary  Contingent  
 Social Security #:  Home Telephone: (  )  Date of Birth:   
 Street Address:  This Beneficiary's Share:  %  
 City/Town:  State:  Zip:  U.S. Citizen:  Yes  No

Beneficiary Name (First, M.I., Last):  Relationship:   Primary  Contingent  
 Social Security #:  Home Telephone: (  )  Date of Birth:   
 Street Address:  This Beneficiary's Share:  %  
 City/Town:  State:  Zip:  U.S. Citizen:  Yes  No

Must Total 100%

**3 Qualified Pre-Retirement Survivor Annuity Notice**

If you die before receiving your retirement benefit, your vested account balance will be paid to your spouse in the form of a Qualified Pre-Retirement Survivor Annuity (QPSA). If you are not married at the time of your death or your spouse consents to a non-spousal beneficiary designation, your vested account balance will be paid to your designated beneficiary in the form of a QPSA.

The QPSA is an annuity for the life of your surviving spouse, or if otherwise designated and consented to, your non-spousal beneficiary. The plan states that upon your death, your spouse has the right to receive 50% of your vested account balance in the form of a life annuity (automatic QPSA benefit). The portion of your vested account balance that is automatically designated to your spouse, as indicated in the previous sentence, may be designated to someone other than your spouse if your spouse consents to the election. If the plan provides that upon your death, 50% of your vested account balance is automatically paid to your spouse, the remaining 50% may be designated to someone other than your spouse, without obtaining your spouse's consent to that designation.

After your death, the individual designated to receive the QPSA may elect, as permitted under the plan, an alternate form of benefit, such as cash.

You can designate a non-spousal beneficiary. However, your spouse must provide written consent to this designation and thereby waive his or her rights to the automatic QPSA benefit by completing the Spouse's Consent to Participant's Waiver and Spouse's Consent sections below. Generally, your spouse's consent is valid only for the beneficiary designation for which it was given. If you make any subsequent designations to someone other than your spouse, you may need to obtain your spouse's consent to those designations as well.

You may elect to waive the automatic QPSA benefit only if ALL the following conditions are met:

- You have reached the beginning of the "plan year" containing your 35th birthday (or you are terminating prior to your 35th birthday). If you complete a QPSA waiver before that time, the waiver will expire at the beginning of the plan year containing your 35th birthday. You and your spouse can complete a new QPSA waiver form at that time.
- Your spouse consents in writing to your waiver of the QPSA benefit and, if applicable, to your designation of a non-spouse beneficiary.
- Your spouse's written consent is witnessed by a notary public.

You may revoke your decision to waive the QPSA in effect without your spouse's consent. Generally, your spouse's consent to waive his or her rights to the QPSA benefit is irrevocable.

I have received and read the Notice section above, and understand the terms and conditions. I state that I designate as beneficiary (or beneficiaries) the person (or persons) named above. I will inform the Plan Administrator immediately of any change in my marital status. I certify that the information above is accurate and complete.

Participant's Signature:  Date:

**4 Spouse's Consent**

**PLEASE READ THE QPSA NOTICE ON THE SECTION ABOVE PRIOR TO COMPLETING THIS SECTION. When you consent to one of these elections, you must also have your signature notarized. Select one of the following:**

- I consent to my spouse's election to waive the requirement that I be the primary beneficiary of his or her Qualified Pre-Retirement Survivor Annuity and designate any beneficiary (aka "general consent").
- I consent to my spouse's beneficiary designations as indicated in the section entitled "Participant's Beneficiary Designation Section."

I am the legal spouse of the above-named participant. I have received and read the QPSA Notice on the section above and understand the terms and conditions of the QPSA. I hereby waive my right to a QPSA and consent to my spouse's beneficiary designations indicated above.

Spouse's Signature:  Date:

Signature of Notary Public:  Date:

**5 Definitions and Important Information**

**Primary Beneficiary:** This is the individual(s) that you would like to receive payment in the event of your death.

**Contingent Beneficiary:** You are not required to name a Contingent Beneficiary(s). Payment to your Contingent Beneficiary(s) will only occur if your Primary Beneficiary(s) is no longer living at the time of your death.

**Special Note:**

*Your Beneficiary Designation is an important feature of the plan. It is recommended that you review your beneficiary elections on an annual basis or whenever you experience a "life-changing event," such as change in marital status, birth of a child, etc.*

**Please make a copy of this worksheet for your records and return the signed original to:**

IATSE National Benefit Funds  
 417 Fifth Avenue  
 3<sup>rd</sup> Floor  
 New York, NY 10016-2204  
 Phone: 800-456-3863, Fax: 212-792-8323