

# Sheet Metal #10 SAFE Plan

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## BENEFICIARY DESIGNATION FORM

*INSTRUCTIONS: Please file this Beneficiary Designation Form with the Plan Administrator.*

1. I, \_\_\_\_\_ (please print full name), am a Participant in the Sheet Metal #10 SAFE Plan (Plan) and understand that:
- (a) A beneficiary designation made on this Beneficiary Designation Form is invalid unless it includes the name, address, and Social Security number of the beneficiary, and describes the beneficiary's relationship to me.
  - (b) If my relationship to the beneficiary no longer exists at the time of my death, that designation will be invalid. (For example, upon divorce, your designation of a spouse as beneficiary becomes invalid. Your former spouse could no longer be a beneficiary unless you submit a new Beneficiary Designation Form naming your former spouse as a beneficiary and labeling the relationship as ex-spouse.)
  - (c) If I designate a minor as beneficiary, the minor's custodian or guardian might have rights to receive and use the minor's benefits.
  - (d) If no beneficiary survives me and accepts the beneficiary designation, the benefits will be distributed as stated in the Plan.
  - (e) The rights of any beneficiaries designated on this Beneficiary Designation Form are subject to the terms and conditions of the Plan.
  - (f) The payment of my account balance to the beneficiary or beneficiaries designated on this Beneficiary Designation Form will be a complete and full release and discharge of the Trustees, the Plan Administrator, and the Employer to the extent of that payment.
  - (g) At any time before my death, I may revoke, alter, or amend this beneficiary designation, but only by filing another Beneficiary Designation Form with the Plan Administrator.
2. I hereby revoke all previous designations of beneficiaries of my Beneficiary Benefit under the Plan. The **beneficiary or beneficiaries** of my Beneficiary Benefit under the Plan will be as follows:

\_\_\_\_\_  
(First and Last Name)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State and Zip Code)

- Check this box if you have additional beneficiaries and attach a separate page. If more than one beneficiary is named; they will share equally, unless otherwise stated.

**This Beneficiary Designation Form is not valid unless**  
**1) signed and dated below by the Participant, and 2) filled with the Administrator's Office.**

Signature of Participant: \_\_\_\_\_

Social Security # of Participant \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_