

**SAN MATEO COUNTY ELECTRICAL CONSTRUCTION INDUSTRY RETIREMENT PLAN**  
**BENEFICIARY DESIGNATION FORM**  
6800 Santa Teresa Blvd. Ste 100, San Jose, CA 95119  
(408)288-4400

Death Benefits are payable to the beneficiaries designated below. Please note: **If you are married and you designate someone other than your spouse, the spousal consent portion on the reverse side must be completed and be notarized before it will be accepted by the Plan. In the event additional beneficiary space is needed, please attach an additional page. If you name a Living Trust as your primary beneficiary you will need to provide the Fund office with a copy of the Trust.**

LAST NAME:	FIRST :	MIDDLE:	SOCIAL SECURITY NO. :
			DATE OF BIRTH :
ADDRESS:		SINGLE <input type="checkbox"/>	TELEPHONE NO.:
E-MAIL:		OR <input type="checkbox"/>	( )
		MARRIED <input type="checkbox"/>	( )
Check <b>one box only</b> (below); then designate your Plan beneficiaries in the lines provided below. <input type="checkbox"/> Pay my death benefits to the first surviving beneficiary named below. <p style="text-align: center;">-----OR-----</p> <input type="checkbox"/> Pay my death benefits in equal shares to the surviving beneficiaries named below.			
<b>BENEFICIARIES</b>			
1. LAST NAME: FIRST: MIDDLE:			RELATIONSHIP:
BENEFICIARY ADDRESS:		SOCIAL SECURITY NO. :	
E-MAIL:		DATE OF BIRTH :	
2. LAST NAME: FIRST: MIDDLE:			RELATIONSHIP:
BENEFICIARY ADDRESS:		SOCIAL SECURITY NO. :	
E-MAIL:		DATE OF BIRTH :	
3. LAST NAME: FIRST: MIDDLE:			RELATIONSHIP:
BENEFICIARY ADDRESS:		SOCIAL SECURITY NO. :	
E-MAIL:		DATE OF BIRTH :	
4. LAST NAME: FIRST: MIDDLE:			RELATIONSHIP:
BENEFICIARY ADDRESS:		SOCIAL SECURITY NO. :	
E-MAIL:		DATE OF BIRTH :	
5. LAST NAME: FIRST: MIDDLE:			RELATIONSHIP:
BENEFICIARY ADDRESS:		SOCIAL SECURITY NO. :	
E-MAIL:		DATE OF BIRTH :	
<b>SIGNATURE</b> _____ <b>DATE</b> _____			

**SPOUSAL CONSENT**

I, \_\_\_\_\_ am the legal spouse of \_\_\_\_\_  
(Spouse Name) (Participant's Name)

I hereby consent to my spouse's designation of \_\_\_\_\_ to receive any Pre/Post Retirement Death Benefits payable in the event of my spouse's death. I understand that as a result of my consent, I will not receive benefits from the Defined Contribution Pension Plan if my spouse dies before/after retiring. Any later change to the Designated Beneficiary (check one) \_\_\_\_\_ does \_\_\_\_\_ does not require my written consent.

(This area for the official Notarial Seal)

\_\_\_\_\_  
**(Spouse Signature Must Be Notarized)**

**NOTARY ACKNOWLEDGEMENT**

(Individual)  
STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

On (Date) \_\_\_\_\_ before me, \_\_\_\_\_ (name and title of "notary public").  
Personally appeared \_\_\_\_\_ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledgement to me that he/she executed the same in his/her authorized capacity(ies), and that by his/her signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ that the foregoing paragraph is true and correct.

Witness my hand and official seal.

\_\_\_\_\_  
(Signature)