

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:

<u>Name and Address of Beneficiary(ies)</u>	<u>Relationship</u>	<u>Social Security No.</u>
_____	_____	_____

- 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) filed with the Administrator's Office.

Signature of Participant: _____

Social Security # of Participant _____

Dated this _____ day of _____, 20_____