

**SOCIAL SERVICE EMPLOYEES UNION LOCAL 371 ANNUITY FUND**  
**1501 BROADWAY SUITE 450. ♦ NEW YORK ♦ NEW YORK 10036**

**DESIGNATION OF BENEFICIARY FOR PRE-RETIREMENT LUMP SUM DEATH BENEFIT**

**A. PARTICIPANT DATA**

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Last Name	First Name	Middle Initial	Social Security Number	
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Number & Street	Apt No.	City	State	Zip Code
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I hereby designate the person(s) named below as my Primary Beneficiary (ies) to receive any lump-sum pre-retirement death benefits payable as a result of my participation in the Social Services Employees Union Local 371 Annuity Fund (hereinafter the "Plan"). I understand that if I designate more than one Primary beneficiary, the persons I designate will share equally in any of the benefits payable as a result of my death. *(Attach an additional sheet of paper if additional space is required of the designation of beneficiaries. Any additional sheets of paper reflecting information concerning the designation of beneficiaries must be signed and dated by the participant.)*

**B. PRIMARY BENEFICIARY DATA :**

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#1. Last Name	First Name	Middle Initial	Social Security	Date of Birth	Relationship
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Number & Street	Apt No.	City	State	Zip Code	
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#2. Last Name	First Name	Middle Initial	Social Security	Date of Birth	Relationship
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Number & Street	Apt No.	City	State	Zip Code	
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I hereby designate the person(s) named below as my Contingent Beneficiary(ies) to receive the death benefits described above. I understand that if I designate more than one Contingent Beneficiary, the persons I designate will share equally in any of the benefits payable as a result of my death. Such death benefit will only be payable to my Contingent Beneficiary(ies) so designated, if they are alive at the time of my death and if no Primary Beneficiary is alive at the time of my death. *(Attach an additional sheet of paper if additional space is required for the designation of contingent beneficiaries. Any additional sheets of paper reflecting information concerning the designation of contingent beneficiaries must be signed and dated by the participant.)*

**C. CONTINGENT BENEFICIARY DATA:**

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#1 Last Name	First Name	Middle Int.	Social Security	Date of Birth	Relationship
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Number & Street	Apt No.	City	State	Zip Code
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#2 Last Name	First Name	Middle Int.	Social Security	Date of Birth	Relationship
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Number & Street	Apt No.	City	State	Zip Code
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**THE DESIGNATION MADE HEREIN APPLIES TO DEATH BENEFIT COVERAGE FOR ACTIVE PLAN PARTICIPANTS. IF A VALID BENEFICIARY DESIGNATION FORM IS NOT IN EFFECT AT THE TIME OF THE PARTICIPANTS' DEATH, BENEFITS WILL BE PAID IN THE FOLLOWING ORDER OF PRIORITY:**

- (1) **TO YOUR SURVIVING SPOUSE: OR**
- (2) **TO YOUR SURVIVING CHILDREN IN EQUAL PARTS: OR**
- (3) **TO YOUR ESTATE.**

**IF A DESIGNATED BENEFICIARY SURVIVES A PARTICIPANT, BUT DIES PRIOR TO RECEIPT OF THE PARTICIPANT'S ACCOUNT, DEATH BENEFITS SHALL BE PAID TO THE BENEFICIARY'S ESTATE OR IF THERE IS NONE, AS PROVIDED IN THE ORDER ABOVE.**

I reserve the right to revoke the designation made herein and designate another beneficiary (ies). Any such change shall be effective only if I make it in writing and it is actually received by the Fund Office prior to my death. I hereby revoke any beneficiary designations made by me prior to the date of this designation.

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DATE

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SIGNATURE