

# ABC-NABET RETIREMENT TRUST PLAN

c/o Zenith American Solutions ◦ 2 Gateway Center, 603 Stanwix St., Suite 1500 ◦ Pittsburgh, PA 15222  
(267) 807-3553

## **BENEFICIARY DESIGNATION FORM**

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

Telephone #: ( ) \_\_\_\_\_ - \_\_\_\_\_ Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If you die prior to retirement, the amount in your Individual Account will be paid to your beneficiary as a lump sum. If you are married, your spouse is automatically your beneficiary. If you choose to designate a beneficiary other than your spouse, your spouse must sign and notarize the consent form. You may only designate a non-spousal beneficiary up to 50% of your Individual Account.

### **I HEREBY DESIGNATE the following individual(s) as my primary beneficiary:**

Designated Beneficiary: _____
Relationship: _____ Birth Date: _____/_____/_____ Month Day Year
Address: _____ (Number) (Street) (City) (State) (Zip Code)
Telephone #: ( ) _____ - _____ Social Security No: _____ - _____ - _____
Percentage: _____%

### **If my designated beneficiary dies before me, my alternate beneficiary shall be:**

Designated Beneficiary: _____
Relationship: _____ Birth Date: _____/_____/_____ Month Day Year
Address: _____ (Number) (Street) (City) (State) (Zip Code)
Telephone #: ( ) _____ - _____ Social Security No: _____ - _____ - _____
Percentage: _____%

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## SUPPLEMENTAL DESIGNATION OF BENEFICIARIES

If you would like to divide your benefit between two or more beneficiaries, please list the additional beneficiary or beneficiaries below and indicate how the benefit should be divided. When combined with the primary beneficiary listed on page 1, the percentage must total 100%.

### **I HEREBY DESIGNATE the following individual(s) as my primary beneficiary:**

Designated Beneficiary: _____				
Relationship: _____		Birth Date: ____/____/____ Month Day Year		
Address: _____				
(Number)	(Street)	(City)	(State)	(Zip Code)
Telephone #: ( ) _____ - _____		Social Security No: _____ - ____ - _____		
Percentage: _____%				

Designated Beneficiary: _____				
Relationship: _____		Birth Date: ____/____/____ Month Day Year		
Address: _____				
(Number)	(Street)	(City)	(State)	(Zip Code)
Telephone #: ( ) _____ - _____		Social Security No: _____ - ____ - _____		
Percentage: _____%				

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## SPOUSE CONSENT FORM

***If you are married and are choosing to name a non-spousal beneficiary, your spouse must review the following statement and sign in front of a notary.***

I, \_\_\_\_\_ (PRINT SPOUSE'S NAME) swear that I am the legal spouse of \_\_\_\_\_ (PRINT PARTICIPANT'S NAME). I consent to my spouse's beneficiary designation(s) above and understand that I am entitled to a minimum of 50% of the balance of the Individual Account upon the death of my spouse. I am signing this statement voluntarily.

***The date of your spouse's signature and the date of the notary's signature below must be the same.***

**Spouse's Signature:**

\_\_\_\_\_  
*Spouse's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Social Security Number*

**Notary:**

Signed and sworn to before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by the above named Spouse.

(Stamp or Seal)

\_\_\_\_\_  
Notary Signature

Notary Public, State of \_\_\_\_\_

My commission \_\_\_\_\_