

PUBLIC EMPLOYEES LOCAL 71 TRUST FUND – BENEFITS PLUS BENEFICIARY DESIGNATION FORM

YOU MUST COMPLETE THIS FORM IF YOU SELECT LIFE INSURANCE OR AD&D COVERAGE

Use this form to indicate your beneficiary(ies) and the percentage of total benefit to be paid to each. Important Note: You must include the Social Security Numbers for each of your beneficiaries because the Trust’s Life Insurance Carrier, Aetna, will NOT DISBURSE any life insurance benefits without these. If you need more space for beneficiaries, list them on an additional sheet.

Primary Beneficiary:

Name	SSN	Relationship	Percentage of Total Benefit to be Paid to <u>Each</u> Beneficiary
1.			%
2.			%
3.			%
4.			%

The total percentage payable to your Primary beneficiaries (above) must total 100% exactly. Partial percentages do NOT total 100%. For more than one beneficiary ensure you round to the nearest *whole* figure.

Secondary Beneficiary:

Name	SSN	Relationship	Percentage of Total Benefit to be Paid to <u>Each</u> Beneficiary
1.			%
2.			%
3.			%
4.			%

The total percentage payable to your Secondary beneficiaries (above) must total 100% exactly. Partial percentages do NOT total 100%. For more than one beneficiary ensure you round to the nearest *whole* figure.

Order of beneficiary precedence:

Any death benefits paid will be split among primary beneficiaries according to the above percentages. If one of the primary beneficiaries dies before the insured, the benefit will be allocated among surviving primary beneficiaries. If all primary beneficiaries predecease the insured, benefits will be payable to the secondary beneficiaries according to the above percentages.

Your proceeds will be paid to your estate if:

- 1) you die without naming a beneficiary; or
- 2) all of your beneficiaries have died before you.

If payment would otherwise be payable to your estate due to the above, Aetna has the right to pay all or a part of the benefit to the first of the following classes of surviving relatives: your spouse, your children; your parents, or your siblings.

PLEASE PRINT: _____ **Alt ID or SSN:** _____
PE 71 Member

SIGNATURE: _____ **DATE:** _____
PE 71 Member

Return the completed beneficiary designation form by mail to: Public Employees Local 71 Trust Fund-Administrative Office, 111 W Cataldo Suite 220, Spokane WA 99201 or by fax to: 509-534-5910.