

**DISTRIBUTION APPLICATION**  
**LAKE COUNTY, ILLINOIS, PLASTERERS AND CEMENT MASONS**  
**RETIREMENT SAVINGS PLAN**

**BENEFICIARY DESIGNATION FORM**

**PRIMARY BENEFICIARY DESIGNATION**

Instructions: If you name more than one beneficiary, include the percentage of the distribution that each beneficiary should receive. The percentages must equal 100 percent.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Percentage: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Percentage: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Social Security Number: \_\_\_\_\_

**MARRIED AND DESIGNATING A BENEFICIARY OTHER THAN YOUR SPOUSE.**

**Instructions:** If you are married and have designated a beneficiary(ies) **other than your spouse**, your spouse must consent, in writing, to such designation and the consent must be witnessed by a Plan representative or notary public.

I acknowledge and consent to the above beneficiary(ies) as designated. I also understand that as a result of the above beneficiary(ies) designation, I am not entitled to a survivor or term certain benefit option upon my spouse's death, under the Plan. I understand that by my signature I am waiving my right to benefits to which I am otherwise entitled by law.

Spouse's Name: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By:

Plan Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Seal: **This form supercedes all other forms on record with the Plan.**