

CONSTRUCTION INDUSTRY RETIREMENT FUND OF ROCKFORD, ILLINOIS

Participant Information:

NAME - Last, First, MI	SOCIAL SECURITY NUMBER	GENDER - Circle: MALE FEMALE
ADDRESS APT	BIRTH DATE	MARITAL STATUS Circle: SINGLE MARRIED
ADDRESS	PHONE NUMBER	LOCAL UNION Number:
CITY	STATE	ZIP

Instructions: If you are married and have not designated your spouse as your sole, primary (100%) beneficiary in Section 1, you must get this form signed by your spouse in Section 3. If you are not married on the date that you sign this form, but later become married, this designation of beneficiary shall cease to be effective during your marriage. To name more than two primary or four secondary beneficiaries, submit an additional form and check this box on both forms: (Your spouse must sign both forms, when necessary.)

1. Primary Beneficiaries:

I hereby designate the person(s) or trust(s) listed below as my primary beneficiary(ies) under the Plan. If more than one person listed below survives me, my benefits shall be divided according to the percentages indicated (the percentages must add up to 100%). If a beneficiary does not survive me, that beneficiary's share shall be divided among the surviving primary beneficiary(ies) in proportion to the remaining percentages. Use full name. For example, "Mary Jane Smith" not "Mrs. John H. Smith."

PERCENT	NAME or TRUST	RELATIONSHIP	ADDRESS		
	SOCIAL SECURITY OR TAX ID NUMBER	BIRTH DATE	CITY	STATE	ZIP
PERCENT	NAME or TRUST	RELATIONSHIP	ADDRESS		
	SOCIAL SECURITY OR TAX ID NUMBER	BIRTH DATE	CITY	STATE	ZIP

2. Secondary Beneficiaries:

If no primary beneficiary (listed in Section 1) survives me, I hereby designate as my beneficiary the person or persons listed below who survive me. I understand that if I designate more than one beneficiary below, the percentages must add up to 100%.

PERCENT	NAME	RELATIONSHIP	ADDRESS		
PERCENT	NAME	RELATIONSHIP	ADDRESS		
PERCENT	NAME	RELATIONSHIP	ADDRESS		
PERCENT	NAME	RELATIONSHIP	ADDRESS		

3. Spousal Consent (This consent is only required if you designate someone other than your spouse as a primary beneficiary):

I hereby consent to my spouse's designation of the primary beneficiary(ies) listed above. I understand that my spouse cannot change any primary beneficiary in the future without my written consent. I am signing this consent voluntarily. I further understand that if I do not agree with the listing of primary beneficiaries, I should not sign below. (For more than two primary beneficiaries, a spousal signature is required on each additional form.)

_____ signed on _____ in presence of _____
 Spouse's Signature Date Notary Public or Plan Representative

4. Participant Signature:

I understand that distribution of benefits to my designated beneficiary or beneficiaries shall be in accordance with the terms of the Plan. I also understand that this beneficiary designation supersedes any beneficiary designation currently in effect. I reserve the right to revoke or change any beneficiary designation. I hereby revoke all prior designations (if any) of Primary Beneficiaries and Secondary Beneficiaries.

_____ signed on _____
 Participant Signature Date