



Monthly Death Benefit Form

I. Member Information

NAME _____ SSN _____ EMAIL _____

ADDRESS _____ PHONE _____

SPOUSE _____ SPOUSE SSN _____ PHONE _____

MONTHLY DEATH BENEFIT

If you have at least two years of pension service and you die before retirement, a monthly pension may be payable. If you are single or if your spouse waives the benefit, a monthly pension may be paid to the qualified beneficiaries you select. Qualified beneficiaries may only be your parent who is at least age 65 at your death **or is your legal dependent**, your totally disabled child who was disabled before the age of 18 **or** your children who are under the age of 18 when you die.

You may choose one of two payment options: **ONE** eligible parent or totally disabled child may receive a monthly benefit **for life** or **ONE OR MORE** eligible parent(s), disabled child(ren) or minor child(ren) may share a monthly benefit **for no more than ten years**.

If you do not have or do not want to choose a qualified beneficiary to receive a monthly benefit, a lump sum will be paid to the people or organizations you designate on your Lump Sum Death Benefit form.

II. Primary Beneficiary

I understand that, once I have two years of pension service, my survivors may be entitled to a monthly pension benefit upon my death. By law, my spouse will automatically be entitled to this benefit. If I am single when I die or if my spouse waives the benefit, I choose the following primary beneficiary (select **A, B or C** below):

- A. I do not have or do not wish to name a beneficiary to receive a monthly benefit
- B. Monthly Benefit for Life
(select one payee)
 - Mother
 - Father
 - Disabled Child (totally disabled before the age of 18)
- C. Monthly Benefit for no more than Ten Years
(select one or more payees)
 - Mother
 - Father
 - Disabled Child
 - Minor Child

III. Contingent Beneficiary

If I am single or if my spouse waives the monthly benefit upon my death **and** if all Primary Beneficiaries that I named above are not living or not eligible, I choose the following (select **A, B or C** below):

- A. I do not have or do not wish to name a beneficiary to receive a monthly benefit
- B. Monthly Benefit for Life
(select one payee)
 - Mother
 - Father
 - Disabled Child (totally disabled before the age of 18)
- C. Monthly Benefit for no more than Ten Years
(select one or more payees)
 - Mother
 - Father
 - Disabled Child
 - Minor Child

IF YOU HAVE CHOSEN ONE OR MORE BENEFICIARIES TO RECEIVE A MONTHLY BENEFIT, COMPLETE THE INFORMATION ON SIDE TWO.

Member Signature

MEMBER SIGNATURE _____ DATE _____



Monthly Death Benefit Form - Side Two

Member Name _____ Employee Number _____

IV. Beneficiary Information

MOTHER

NAME _____ SSN _____ EMAIL _____
ADDRESS _____ PHONE _____

FATHER

NAME _____ SSN _____ EMAIL _____
ADDRESS _____ PHONE _____

DISABLED CHILD

NAME _____ SSN _____ DATE OF BIRTH _____
ADDRESS _____ PHONE _____

1. MINOR CHILD

NAME _____ SSN _____ DATE OF BIRTH _____

2. MINOR CHILD

NAME _____ SSN _____ DATE OF BIRTH _____

3. MINOR CHILD

NAME _____ SSN _____ DATE OF BIRTH _____

4. MINOR CHILD

NAME _____ SSN _____ DATE OF BIRTH _____

5. MINOR CHILD

NAME _____ SSN _____ DATE OF BIRTH _____

6. MINOR CHILD

NAME _____ SSN _____ DATE OF BIRTH _____

Member Signature

MEMBER SIGNATURE _____ DATE _____

TEAR ALONG THE PERFORATED EDGE ↕ TEAR ALONG THE PERFORATED EDGE ↕ TEAR ALONG THE PERFORATED EDGE ↕ TEAR ALONG THE PERFORATED EDGE ↕ TEAR ALONG THE PERFORATED EDGE



Lump Sum Death Benefit Form

TEAR ALONG THE PERFORATED EDGE

I. Member Information

NAME _____ SSN _____ EMAIL _____

ADDRESS _____ PHONE _____

SPOUSE _____ SPOUSE SSN _____ PHONE _____

If you have **less than** two years of service when you die, a refund of your contributions is payable. If you have **at least** two years of pension service, either a monthly death benefit **or** a lump sum death benefit, under the ten-year certain provisions of the plan, may be payable.

If you are married, your spouse is entitled to the death benefit. If you have no beneficiaries, your beneficiaries waive the benefit or if no beneficiary you have named is eligible to receive a monthly benefit, you may choose individuals or entities as **Primary Designees** to receive a refund or lump sum benefit upon death. You may also choose **Contingent Designees** to receive a benefit in the event all of your Primary Designees die or cease to exist before your death.

You have the option of splitting the lump sum benefit among your Primary **or** Contingent Designees. For example, you may choose one designee to receive 75% while a second receives 25%. If you leave the % column blank, the benefit will be split evenly among your designees. Contingent Designees do not receive any benefit unless **all** of your Primary Designees die or cease to exist before your death.

II. Primary Designee(s)

(if you want your primary designees to share the benefit equally, leave the % line blank)

1. NAME _____ SSN _____ BIRTHDATE _____ % _____

ADDRESS _____ PHONE _____

2. NAME _____ SSN _____ BIRTHDATE _____ % _____

ADDRESS _____ PHONE _____

3. NAME _____ SSN _____ BIRTHDATE _____ % _____

ADDRESS _____ PHONE _____

4. NAME _____ SSN _____ BIRTHDATE _____ % _____

ADDRESS _____ PHONE _____

5. NAME _____ SSN _____ BIRTHDATE _____ % _____

ADDRESS _____ PHONE _____

6. NAME _____ SSN _____ BIRTHDATE _____ % _____

ADDRESS _____ PHONE _____

IF YOU WOULD LIKE TO NAME ONE OR MORE CONTINGENT DESIGNEES, WHO WILL BE ENTITLED TO A LUMP SUM BENEFIT ONLY IF NO PRIMARY DESIGNEE SURVIVES YOU, PLEASE COMPLETE SIDE TWO.

Member Signature

MEMBER SIGNATURE _____ DATE _____



Lump Sum Death Benefit Form - Side Two

Member Name _____ Employee Number _____

III. Contingent Designee(s)

(if you want your contingent designees to share the benefit equally, leave the % line blank)

1. NAME _____ SSN _____ BIRTHDATE _____ % _____
ADDRESS _____ PHONE _____

2. NAME _____ SSN _____ BIRTHDATE _____ % _____
ADDRESS _____ PHONE _____

3. NAME _____ SSN _____ BIRTHDATE _____ % _____
ADDRESS _____ PHONE _____

4. NAME _____ SSN _____ BIRTHDATE _____ % _____
ADDRESS _____ PHONE _____

5. NAME _____ SSN _____ BIRTHDATE _____ % _____
ADDRESS _____ PHONE _____

6. NAME _____ SSN _____ BIRTHDATE _____ % _____
ADDRESS _____ PHONE _____

Member Signature

MEMBER SIGNATURE _____

DATE _____