

Asbestos Workers Locals 80 and 51 Supplemental Pension Plan



2010 N.W. 150th Avenue, Suite 200 | Pembroke Pines, FL 33028 Toll Free: (888) 352.0629 | West Coast Toll Free: (888) 987.0629 Fax: (954) 266.2079 | www.nebainc.com

DESIGNATION OF BENEFICIARY FOR DEATH BENEFITS

When you become covered by the Asbestos Workers Locals 80 and 51 Supplemental Pension Plan, you should name someone to receive your Accumulated Share if you die. You may name a Primary Beneficiary and a Secondary Beneficiary, who would receive your Accumulated Share if your Primary Beneficiary is also deceased at the time of your death. You may change your beneficiary designation at any time by filling out a new Beneficiary Form. The Fund will honor the last beneficiary designation received before your death. If you are married, your spouse is entitled by law to one-half of your Accumulated Share as a Preretirement Surviving Spouse Benefit. You may also designate your spouse to be your beneficiary for the Preretirement Death Benefit; your spouse will then receive 100% of your Accumulated Share. You may designate any other person to receive one-half of your Accumulated Share instead of your spouse.

| SECTION I: Personal Information | | | | | |
|---|-------------------------|----------------|--|-----------|--|
| Participant Name: | | | | | |
| Address: | | | | | |
| City: | | State: | | Zip Code: | |
| Telephone: | | Email: | | | |
| SSN (last 4 digits): | | Date of Birth: | | | |
| SECTION II: Primary Be | neficiary Designation | | | | |
| Primary Beneficiary: | | Relations | | hip: | |
| Address: | | | | • | |
| City: | | State: | | Zip Code: | |
| Telephone: | | Email: | | | |
| SSN: | | Date of Birth: | | | |
| SECTION III: Secondary | Beneficiary Designation | | | | |
| Secondary Beneficiary: | | Relations | | hip: | |
| Address: | | | | • | |
| City: | | State: | | Zip Code: | |
| Telephone: | | Email: | | | |
| SSN: | | Date of Birth: | | | |
| I acknowledge that the Fund will pay death benefits according to the most recent beneficiary designation received in the Fund Office prior to my death. | | | | | |
| Participant Signature: | | Date: | | | |