

**Heat and Frost Insulators Local 34  
Health and Pension Trusts**

**Information Regarding Beneficiary Designation**

- (a) By filing this Beneficiary Designation Form, I am revoking all previous designations of primary and secondary beneficiaries under the Plans.
- (b) A beneficiary designation made on the Beneficiary Designation Form is invalid unless it includes the name, address, and Social Security number of the beneficiary, and describes the beneficiary's relationship to me.
- (c) If my relationship to the beneficiary no longer exists at the time of my death, that designation will be invalid. (For example, upon divorce, a designation of a "spouse" as beneficiary becomes invalid. That person could no longer be a beneficiary unless the participant submitted a new Beneficiary Designation Form naming that person as a beneficiary and labeling the relationship as "ex-spouse".)
- (d) If I designate a minor as beneficiary, the minor's custodian or guardian might have rights to receive and administer the minor's benefits.
- (e) If no primary beneficiary survives me, the right to the benefits passes to the secondary beneficiaries. If no primary or secondary beneficiary survives me, the benefits will be distributed as stated in each of the Plans.
- (f) The rights of any beneficiaries designated on the Beneficiary Designation Form are subject to the terms and conditions as stated in each of the Plans.
- (g) The payment of my benefits to the beneficiary or beneficiaries designated on this Beneficiary Designation Form will be a complete and full release and discharge of the Trustees, the Plan Administrator, and the Employer to the extent of that payment.
- (h) At any time before my death, I make revoke, alter, or amend this beneficiary designation, but only by filing another Beneficiary Designation Form with the Plan Administrator.

**Instructions for Basic Data Card/Beneficiary Designations**

This card is intended to be used in identifying beneficiary designations for the life insurance benefits available through the Health Fund and death benefits provided by the Pension Plan (if applicable).

Please provide the Fund Office with all of the requested information and report any changes by submitting an updated card. Please mail to:

Heat and Frost Insulators Local 34 Health and Pension Trusts  
3001 Metro Drive, Suite 500  
Bloomington, MN 55425

# HEAT AND FROST INSULATORS LOCAL 34 HEALTH AND PENSION TRUSTS

3001 Metro Drive, Suite 500, Bloomington, MN 55425 | (952) 851-5948

## BENEFICIARY DESIGNATION FORM

### Participant Information:

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First	Middle	Last	Social Security Number	Date of Birth
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Street Address	City	State	Zip
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Please complete the information requested below to designate your beneficiary. If you wish to make separate beneficiary designations for each plan, please contact the Plan Administrator. This beneficiary designation may be changed by filing a new designation. No designation shall be effective unless filed with the Plan Administrator.

**I have read the "Information Regarding Beneficiary Designation" included with this form.**

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Signature of Participant	Date
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If you are married and you have NOT elected your spouse as primary beneficiary, your spouse must sign this form which waives their rights to the pension in the presence of a notary.

I, the undersigned, being the spouse of the named Plan participant, consent to the non-spouse primary beneficiary designated and to any distribution of benefits made pursuant thereto in accordance with the terms of the Pension Plan (if applicable). I understand that any Plan benefits payable upon the death of the named participant shall be payable to the beneficiary(ies) named in this Beneficiary Designation Form in the percentages designated on this form and not to myself, and I hereby consent to the designation and payment to such non-spouse.

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Signature of Spouse	Date
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Notary Public Signature	Date Commission Expires
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### Primary Beneficiary(ies):

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Name	Relationship	Social Security Number	Date of Birth
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Street Address	City	State	Zip	Percent
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Name	Relationship	Social Security Number	Date of Birth
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Street Address	City	State	Zip	Percent
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### Secondary Beneficiary(ies):

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Name	Relationship	Social Security Number	Date of Birth
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Street Address	City	State	Zip	Percent
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Name	Relationship	Social Security Number	Date of Birth
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Street Address	City	State	Zip	Percent
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