

# HRSA-ILA

## Beneficiary Designation

For all Funds

*This beneficiary designation  
supercedes any prior designation.*

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

Port Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Important Note for Married Participants:** You may designate anyone as your beneficiary for *non-pension* benefits. Pension Benefits due to a married Participant at the date of death may not be paid to a non-spouse beneficiary unless the Spouse has agreed in writing to this designation. In the event that you have named your Spouse as your designated beneficiary, your final divorce from that Spouse will automatically terminate that designation, unless you re-designate that person as your beneficiary. If you are married and you wish to name a non-spouse beneficiary for Pension Benefits, you and your spouse must complete a Non-Spouse Beneficiary Designation Form. If the non-spouse beneficiary form is not completed, Pension benefits will automatically be paid to the spouse even though he/she may not be listed as primary Beneficiary. Non-pension benefits that are not subject to this requirement are life insurance, unpaid benefits from the Vacation & Holiday Fund and Container Royalty Fund.

**Primary Beneficiary** - *In the event of a Participant's death, unless otherwise specified in a plan document, any accrued but unpaid benefits shall be paid to the following person(s). If multiple beneficiaries are named and one or more predeceases you, the benefit will be distributed pro rata to the remaining designated beneficiaries. Only upon death of all named primary beneficiaries will the secondary beneficiary receive a distribution.*

<b>Primary Beneficiary(s)</b>				
Name:	SSN:	Relationship:	Date of Birth:	Percent
Address:	City:	State:	Zip:	
Name:	SSN:	Relationship:	Date of Birth:	Percent
Address:	City:	State:	Zip:	
Name:	SSN:	Relationship:	Date of Birth:	Percent
Address:	City:	State:	Zip:	

**Secondary Beneficiary** - *Secondary beneficiary receives the death benefit if the primary beneficiary is not living at the time of the insured's death.*

<b>Secondary Beneficiary(s)</b>				
Name:	SSN:	Relationship:	Date of Birth:	Percent
Address:	City:	State:	Zip:	
Name:	SSN:	Relationship:	Date of Birth:	Percent
Address:	City:	State:	Zip:	
Name:	SSN:	Relationship:	Date of Birth:	Percent
Address:	City:	State:	Zip:	

I have designated a non-spouse beneficiary to receive my Pension Benefits upon my death.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Insured)*

Witness: \_\_\_\_\_ Date: \_\_\_\_\_  
*(The witness must be someone other than the beneficiary.)*

*Beneficiary Designation Form for all HRSA-ILA Funds*

We are pleased that the HRSA-ILA Funds are able to offer significant death benefits for your family or non-family designated beneficiary. It is very important that these funds be handled in an appropriate manner by the person you select. We encourage you to consult your attorney concerning this designation as well as the preparation of a Will and a durable or non durable Power of Attorney.

The designation of a beneficiary is an important duty of a participant and should be reviewed periodically to insure that the designation is appropriate to your wishes. Please complete the Beneficiary Designation Form on the reverse side of this document.

To make sure the Fund office has correct beneficiary information for the payment of your benefits in the event of your death:

1. Provide the beneficiary's **full name**.
2. Provide the beneficiary's **social security number** (not required by law, but this information will expedite the payment of benefits).
3. Indicate the beneficiary's **relationship** to you (i.e., mother, father, son, daughter, friend).
4. Provide the beneficiary's **date of birth**.
5. Provide the beneficiary's **current address**.
6. A "**Secondary Beneficiary**" may be provided in case the "Primary Beneficiary" precedes you in death.
7. If **multiple beneficiaries** are named, indicate a percentage of distribution to each beneficiary. Only upon the death of all named primary beneficiaries will the secondary beneficiary receive a distribution.
8. **Sign** the form, **have it witnessed** by someone other than a beneficiary, and return it to HRSA-ILA.

Please note there may be practical or legal problems with leaving large sums of money to a minor child. You may wish to designate an adult as "Custodian for (minor child) under the Uniform Transfers to Minors Act" (UTMA) or designate an adult to receive the money as "Trustee, for the benefit of (minor child)". You may wish to have your attorney prepare a trust agreement to designate how the money will be distributed for the child.

Also, please understand that your designated beneficiary will **not** be legally obligated to pay your funeral expenses unless you make suitable arrangements with him or her.

# HRSA-ILA

## Non-Spouse Beneficiary Designation

Required for Pension Benefits only.

*This form must be completed if you are married and you select a primary beneficiary other than your spouse.*

<b>Participant</b>	<b>Port No.</b>	<b>Social Security Number</b>

I hereby consent to the beneficiary designation by my spouse on the HRSA-ILA Beneficiary Designation Form. Further, I acknowledge that my spouse's designation of primary beneficiary in lieu of, or in addition to, me will cause some or all of my spouse's Pension benefits to be paid to a beneficiary other than me. I understand that my consent is irrevocable unless my spouse revokes the beneficiary designation.

**Spouse's Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Spouse's Signature:** \_\_\_\_\_

**Participant's Signature:** \_\_\_\_\_

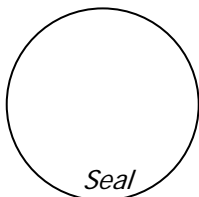
<b>Primary Beneficiary(s)</b>				
<b>Name:</b>	SSN:	Relationship:	Date of Birth:	Percent
Address:	City:	State:	Zip:	
<b>Name:</b>	SSN:	Relationship:	Date of Birth:	Percent
Address:	City:	State:	Zip:	

Witnessed in the presence of: \_\_\_\_\_

Fund Representative Signature: \_\_\_\_\_  
or \_\_\_\_\_

Notary Public: On this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

Before me personally appeared \_\_\_\_\_  
who executed the above. *(name of spouse)*



Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Date: \_\_\_\_\_