

# **BAY AREA PAINTERS AND TAPERS**

### PENSION AND ANNUITY TRUST FUNDS

4160 Dublin Boulevard, Suite 400 Dublin, CA 94568-7756

Toll Free: (866) 894-3705 \* Fax: (925) 833-7301

Email: <u>Paintersinfo@hsba.com</u>
Website: <u>www.bayareapainterstrust.org</u>





	Ben	eficiary Designation			
LAST NAME	FIRST NAME IN		MIDDLE NAME IN FULL		
STREET ADDRESS	I	CITY	STATE	ZIP	
SOCIAL SECURITY NUMBER		TELEPHONE NUMBER			
DATE OF BIRTH	CURRENT MARIT	AL STATUS (Please Check One)			
SPOUSE'S NAME (If Legally Married)	DATE OF MARK	□ Married □ Never Married □ Divorced □ Legally Separated  DATE OF MARRIAGE			
SPOUSES IVALVIES (IT Legally Martieu)	DATE OF MARK	MGE			
SPOUSE'S SOCIAL SECURITY NO.	IF DIVORCED O	IF DIVORCED OR LEGALLY SEPARATED, GIVE DATE (S)			
	OUSE MUST COMPLE	ED AND NAME A BENEFICIA TE THE SPOUSAL CONSENT ENEFICIARY		,	
primary beneficiary(ies) should die PLEASE BE ADVISED – Yo Judgment of Dissolution of Ma	If you do not designate any our previous designation rriage, unless a Qualified I	ated. You may also designate a contione, then applicable benefits will be pa of your spouse as your beneficiar Domestic Relations Order (QDRO) E ENTIRE FORM AND RETURN	yable as provided under y is automatically reprovides otherwise.	r the Plan. evoked upon a Final	
	ns as my beneficiary or bene st Funds. In the event of my	FICIARY DESIGNATION, Social Security No eficiaries to receive any monies that m death, pay any applicable benefits to: ach a second page)	do ay be payable by reaso	hereby designate the n of my death from the	
Full Name	SSN	Date of Bi	rth Relationship	% of Distribution	
Address					
2. Full Name	SSN	Date of Bi	rth Relationship	% of Distribution	
Address Contingent Beneficiary (ies	s)				
1. Full Name	SSN	Date of Bi	rth Relationship	% of Distribution	
Address					
2. Full Name	SSN	Date of Bi	rth Relationship	% of Distribution	
Address					
Signature:		Date	:		



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#### **SPOUSAL CONSENT**

If you designate a beneficiar	y other than your spouse, your spou below.	use must give their notarized written conse	
I,		hereby consent to the designation	
of the beneficiary named above	e and understand that any benefits due	e as a result of my Husband's / Wife's death wi	
be paid to the named beneficiar	ry(ies), and I will not receive any surviv	ving spouse benefit payable for my life.	
Spouse's Signature ( <b>MUST F</b>	BE NOTARIZED)	Date	
	TO BE COMPLETED BY NOTA	ARY PUBLIC	
TATE OF_	COUNTY O	DF	
On this	day of	, before me,	
		, the undersigned Notary	
ublic, personally appeared,		->-	
personally	known to me	Signature	
proved to r	me on the basis of satisfactory evidence	e	
to be the person whose name	was subscribed to the within instrument,	t, and acknowledged that <u>He / She</u> executed it.  (Circle One)	
WITNESS my hand and office	cial seal.		
		Notary's Signature	