

**NORTHWEST BRICKLAYERS & ALLIED CRAFTWORKERS  
DEFINED CONTRIBUTION RETIREMENT PLAN  
BENEFICIARY DESIGNATION FORM**

Return completed form to:  
MITA, 9848 E Burnside, Portland, OR 97216

Participant Name \_\_\_\_\_  
Address \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

- Unmarried** I hereby declare, by my signature below, that I am unmarried at the present time. I understand that my marriage at any time after this date will revoke this designation and my spouse will automatically become my primary beneficiary upon the date of our marriage. It is my responsibility to keep the Plan Administrator informed of my marital status.
- Married** I understand that my spouse is automatically my primary beneficiary for any death benefits payable on my behalf from the above Plan. I also understand that I have the right to name an alternate beneficiary if my spouse consents, in writing, to waive any and all interest in any death benefits payable on my behalf from the above Plan.  
Note: If you name an alternate to your spouse, you must submit a valid spousal consent form along with this designation.

This beneficiary designation does not include any life insurance policies which may be in effect for my benefit and hereby revokes and supersedes any designations made prior to this designation. I understand that I have the right to amend or revoke this designation. However, until such time that this designation is revoked, in writing, it shall remain in effect and binding upon all parties.

**PRIMARY BENEFICIARY** I hereby designate as my primary beneficiary the person or persons listed below who survive me. If more than one person is listed, benefits shall be divided according to the percentages indicated; if no percentage is indicated, I intend that all of the surviving persons listed shall receive equal portions (i.e., shall be joint tenants with right of survivorship) (Please use reverse side of page if more room is needed.)

BENEFICIARY'S FULL NAME & SOC. SEC. NO.	%	RELATIONSHIP	BENEFICIARY'S ADDRESS

**CONTINGENT BENEFICIARY** If no person listed as Primary Beneficiary above survives me, I hereby designate as my contingent beneficiary the person or persons listed below who survive me. If more than one person is listed, benefits shall be divided according to the percentages indicated; if no percentage is indicated, I intend that all of the persons listed who survive me shall receive equal portions. (Please use reverse side of page if more room is needed.)

BENEFICIARY'S FULL NAME & SOC. SEC. NO.	%	RELATIONSHIP	BENEFICIARY'S ADDRESS

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

**SPOUSE'S CONSENT TO  
DESIGNATION OF ALTERNATE PRIMARY BENEFICIARY**

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This section must be completed by your spouse if you  
**designate someone other than your spouse** as primary beneficiary of the  
Northwest Bricklayers & Allied Craftworkers Defined Contribution Retirement Plan

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By my signature below, I hereby consent to the naming of \_\_\_\_\_  
as primary beneficiary for any and all pre-retirement death benefits that may be payable from the  
Northwest Bricklayers & Allied Craftworkers Defined Contribution Retirement Plan due to the death of  
my spouse.

I hereby acknowledge that I have waived any and all interest in any pre-retirement death benefits that  
may be payable on my spouse's behalf from the Northwest Bricklayers & Allied Craftworkers Defined  
Contribution Retirement Plan.

I understand that my consent given today is irrevocable unless my spouse revokes the above beneficiary  
designation.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Spouse Name (Print)

\_\_\_\_\_  
Spouse Signature

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

Witnessed before me this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_.