
Central Laborers' Annuity Fund
PRE-RETIREMENT DESIGNATION OF BENEFICIARY
FOR ANNUITY BENEFITS
Side A: Spouse Designated as Beneficiary

Complete this form to designate your spouse to receive survivor benefits from the Central Laborers' Annuity Fund if you die before you receive payment. If you complete and return this form to the Central Laborers' Annuity Fund office, no other forms need to be completed with regard to your annuity benefit.

I, _____,
(print your full name)

hereby name my spouse, _____,
(print spouse's full name)

as beneficiary to receive my Central Laborers' Annuity Fund Pre-Retirement Survivor Benefits if I die before receiving payment.

Spouse's Date of Birth

Spouse's Social Security Number

Spouse's Address

Phone

Alternate Beneficiary's Name *(if my spouse pre-deceases or is divorced from me)*

Alternate Beneficiary's Social Security Number

Relationship

Alternate Beneficiary's Address

Phone

Participant's Signature

Participant's Social Security Number

Participant's Address

Phone

Date

Central Laborers' Annuity Fund
PRE-RETIREMENT DESIGNATION OF BENEFICIARY
FOR ANNUITY BENEFITS
Side B: Beneficiary Other than Spouse

Complete this form **only** if you are designating someone other than your spouse to receive benefits from the Central Laborers' Annuity Fund if you die before you receive payment. Please note that if you state that you are not married, you will need to sign this form in the presence of a Notary Public. If you are married, you and your spouse must complete both Side A and Side B of the Waiver of Pre-Retirement Survivor Benefit form (also in the presence of a Notary Public). If these procedures are not followed, the Annuity Fund will not be able to honor this beneficiary designation.

I, _____,
(print your full name)

hereby name the following person(s) as beneficiary(ies) to receive my Central Laborers' Annuity Fund Death Benefit if I die before I receive payment.

Beneficiary's Name / Relationship	Beneficiary's Social Security Number	Beneficiary's Date of Birth
Beneficiary's Address		Phone

Alternate Beneficiary's Name / Relationship <i>(If my primary beneficiary pre-deceases or is divorced from me)</i>	Alternate Beneficiary's Social Security Number	Alternate Beneficiary's Date of Birth
Alternate Beneficiary's Address		Phone

I am married, and my spouse and I have completed Side A and Side B of the Central Laborers' Annuity Fund Waiver of Pre-Retirement Survivor Benefit form.

I hereby swear that I am not legally married at this time.

Participant's Signature	Participant's Social Security Number	Date
Participant's Address		Phone

State of _____
County of _____

On the _____ day of _____, 20____ before me came _____
_____ to me known and known by me to be the person described in and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

Notary Public (Seal)	My Commission Expires
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Central Laborers' Annuity Fund
WAIVER OF PRE-RETIREMENT SURVIVOR BENEFIT
Side A: Participant's Statement

Complete both sides of this form if you are married and you have designated or plan to designate someone other than your spouse to receive your Pre-Retirement Survivor Benefits from the Central Laborers' Annuity Fund (if you die before you receive payment). **NOTE:** This form is **only** a waiver of the Pre-Retirement Surviving Spouse Annuity or Death Benefit that would otherwise be payable to your spouse. You must also complete the form titled "Pre-Retirement Designation of Beneficiary for Annuity Benefits / Side B: Beneficiary Other than Spouse" to name another beneficiary. **Do not complete this form if you want your spouse to be the beneficiary.**

After considering the Pre-Retirement Survivor Benefit options of the Central Laborers' Annuity Fund, I, _____,
(print your full name)

hereby waive any Pre-Retirement Surviving Spouse Annuity or Death Benefit that would otherwise be payable to my spouse by the Fund at my death. I understand that this waiver will not be effective upon my death without the written, notarized consent of the person to whom I am married, if we have been married for at least one year as of the date of my death. I also understand that I can revoke this waiver at any time before my death or retirement by completing a new Beneficiary Designation form and submitting it to the Central Laborers' Annuity Fund. I hereby swear that the person co-signing this document (Side B) is my current legal spouse.

Participant's Signature

Participant's Social Security Number

Participant's Address

Phone

Date

State of _____
County of _____

On the _____ day of _____, 20____ before me came _____
_____ to me known and known by me to be the person described in and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

Notary Public
(Seal)

My Commission Expires

Central Laborers' Annuity Fund
P.O. Box 1267, Jacksonville, IL 62651-1267
800-252-6571

Central Laborers' Annuity Fund
WAIVER OF PRE-RETIREMENT SURVIVOR BENEFIT
Side B: Spouse's Statement

I, _____,
(print your full name)

swear that I am the legal spouse of the Participant described on Side A. I hereby consent to my spouse's waiver of the Pre-Retirement Surviving Spouse Annuity and/or Death Benefit. I understand that as a result, I will not be paid any benefit from the Central Laborers' Annuity Fund if my spouse dies before receiving payment. I further recognize that because of this rejection, my spouse will be able to designate someone else to receive Pre-Retirement Survivor Benefits from the Central Laborers' Annuity Fund.

Spouse's Signature

Spouse's Social Security Number

Date

State of _____
County of _____

On the _____ day of _____, 20____ before me came _____
_____ to me known and known by me to be the person described in and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

Notary Public
(Seal)

My Commission Expires