

CENTRAL LABORERS' ANNUITY FUND
BENEFICIARY DESIGNATION
(Spouse Designated as Beneficiary)

Complete this form only if you are designating your spouse to receive the amount in your Annuity Fund Individual Account if you die before starting to receive payments from that Account. If you complete this form, no other forms need to be completed.

I, _____, (print your full name)
hereby name _____, (print spouse's full name)
my spouse, as beneficiary to receive the amount in my Central Laborers' Annuity Fund Account if I die before starting to receive payments from that Account:

Beneficiary's Date of Birth	ALTERNATE BENEFICIARY IF PRIMARY BENEFICIARY PRE-DECEASED OR IS DIVORCED FROM ME
Beneficiary's Address	Alternate Beneficiary's Address
Beneficiary's Social Security Number	Alternate Beneficiary's Birthdate
Date	Employee's Signature
Annuitant's Address	Employee's Social Security Number

CENTRAL LABORERS' ANNUITY FUND
P. O. Box 1267 800-252-6571
Jacksonville, Illinois 62651



CENTRAL LABORERS' ANNUITY FUND
BENEFICIARY DESIGNATION FOR PRERETIREMENT DEATH BENEFITS
(Beneficiary Other than Spouse)

Complete this form only if you are designating someone other than your spouse to receive the amount in your Annuity Fund Individual Account if you die before starting to receive payments from that Account. Please note that, if you state that you are not married, this form must be signed before a Notary Public. If you are married, you and your spouse must complete both sides of the Waiver of Preretirement Surviving Spouse Benefit Form which must also be notarized. If these procedures are not followed, the Fund may not be able to honor this beneficiary designation.

I, _____, (print your full name), hereby name the following person(s) as beneficiary to receive the amount in my Central Laborers' Annuity Fund Account if I die before starting to receive payments from that account:

Name of Beneficiary	Relationship to Me
Beneficiary's Address	Alternate Beneficiary if Primary Beneficiary Pre-Deceased Me or is Not Eligible.
Beneficiary's Social Security Number	Alternate Beneficiary's Address
Date	Employee's Signature
	Employee's Social Security Number

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

State of _____)
County of _____) SS:

On the _____ day of _____ 19____
before me came _____ to me known and known to 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

I am married, and my spouse and I have completed the Central Laborers' Annuity Fund Waiver of Preretirement Surviving Spouse benefit form.

CENTRAL LABORERS' ANNUITY FUND
WAIVER OF PRERETIREMENT SURVIVING SPOUSE BENEFIT

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 Individual Account balance under the Central Laborers' Annuity Fund if you die before starting to receive payments from the Account. **Note:** This form is **only** a waiver of the Preretirement Surviving Spouse Annuity. You must also complete Form 1, Side B to name another beneficiary. **Do not** complete this form if you want your spouse to be the beneficiary.

Employee's Statement

After considering the preretirement survivor payment options of the Central Laborers' Annuity Fund, I _____ hereby waive any
(print your full name)
Preretirement Surviving Spouse benefit that would otherwise be payable by the Fund at my death. I understand that this waiver will not be effective without the written, notarized consent of the person to whom I am married when I die, if we have been married for at least one year at that time, and that I can revoke this waiver at any time before my death or retirement. I hereby swear that the person co-signing this document (Side B) is my current legal spouse.

Your Signature

Date

Your Social Security Number

State of _____)

County of _____)

SS:

On the _____ day of _____ 19____

before me came _____ to me known and known to 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

Spouse's Statement

I, _____, swear that I am the legal spouse of the em-
(print spouse's full name)
ployee described on Side A. I hereby consent to my spouse's waiver of the Preretirement Surviving Spouse benefit. I understand that as a result, I will not be paid a benefit from the Central Laborers' Annuity Fund if my spouse dies before starting to receive payments from his or her Individual Account. I further recognize that because of this rejection my spouse will be able to designate someone else to receive preretirement death benefits under the Annuity Fund.

Date

Spouse's Signature

Spouse's Social Security Number

State of _____)

County of _____)

SS:

On the _____ day of _____ 19____

before me came _____ to me known and known to 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