SEIU Local 1 & Participating Employers Pension Trust

111 E. Wacker Drive, 17th Floor, Chicago, IL 60601

Lump Sum Death Benefit Beneficiary Form

Print Name: _____ _____ _____
Last First M

SSN: ___ - __ - ____ Date of Birth __ / __ / ____

Home Address: _____
Street

_____ _____ _____
City State Zip

Sex: ☐ Male ☐ Female Marital Status: ☐ Single ☐ Married

Beneficiary Name: _____

Beneficiary's Relationship to Participant: _____

Beneficiary's Date of Birth: __ / __ / ____

_____ _____
PARTICIPANT'S SIGNATURE DATE

Complete the following if you are not married, or if married and have not elected your spouse to receive your death benefit.

SPOUSAL CONSENT: I understand I have the right to be designated as the beneficiary to receive a lump sum death benefit which would be provided under the Plan upon the death of my spouse, and that my consent to a different designation is required. With this knowledge, I hereby consent to another beneficiary being named.

_____ _____
SPOUSE'S SIGNATURE DATE

_____ _____
NOTARY'S SIGNATURE DATE
Seal of Notary

CERTIFICATION OF SINGLE STATUS: I hereby certify that as of the date below, I am not married under the laws of any jurisdiction.

_____ _____
PARTICIPANT'S SIGNATURE DATE

_____ _____
NOTARY'S SIGNATURE DATE
Seal of Notary