

Sheet Metal #10 Benefit Fund

HEALTH FUND BENEFICIARY FORM

Death Benefit and Accidental Death and Dismemberment Benefit
(See your Summary Plan Description for a schedule of benefit amounts and eligibility rules)

SEND COMPLETED FORM TO: *Sheet Metal Local 10 Benefit Office - 1681 East Cope Avenue - Suite B - Maplewood, MN 55109-2631*

Social Security Number Last Name First Name MI

Mailing Address

City State Zip Code Telephone Number

Birth Date Marital Status (Married or Unmarried)

DESIGNATION OF BENEFICIARY

The following rules apply to the designation of your beneficiary(-ies). If you fail to follow any of these rules, your designation will be invalid.

1. You must identify your relationship to your intended beneficiary (-ies), for example "spouse", "son", "father-in-law".
2. If your relationship with your designated beneficiary no longer exists at the time of your death, the beneficiary designation will be invalid. For example, if you name your spouse as beneficiary but divorce prior to your death, that person would no longer be considered your beneficiary unless you updated your beneficiary designation and changed the relationship to read "ex-spouse".
3. Whenever you complete a valid new Beneficiary Form, it revokes all earlier designations.
4. If you designate a minor as beneficiary, the minor's custodian/guardian may have rights to receive and use those death benefits.

Primary Beneficiary: _____
First Name Middle Initial Last Name

Primary Beneficiary's Social Security Number Relationship to Participant

In the event your Primary Beneficiary dies before you do, benefits will be paid to your Secondary Beneficiary.

Secondary Beneficiary: _____
First Name Middle Initial Last Name

Secondary Beneficiary's Social Security Number Relationship to Participant

Check this box if you have additional secondary beneficiaries and attach a separate page.

If naming a Trust as a beneficiary, please attach a complete copy of the Trust Document.

SIGNATURE

Participant's Signature _____ Date _____

Entitlement to benefits is governed by the provisions of the Plan document. Completion of this form does not guarantee any entitlement to benefits by you or your beneficiaries.

Return signed copy and attachments, if any, to the Sheet Metal Benefit Office at the above address. Keep a copy for your files.

If any questions please contact the Sheet Metal Benefit Office: 651.770.0991 (Local) OR 1.800.396.2903 (Toll Free)