

Resilient Floor Covering Pension Trust Fund

4160 Dublin Boulevard, Suite 100
Dublin, CA 94568-7756
Toll Free: (866) 894-3705 * Fax: (925) 833-7301
Email: resilientinfo@hsba.com
www.resilientfloortrust.org



Beneficiary Designation

LAST NAME		FIRST NAME IN FULL		MIDDLE NAME IN FULL	
STREET ADDRESS		CITY		STATE	ZIP
SOCIAL SECURITY NUMBER		TELEPHONE NUMBER		EMAIL ADDRESS	
DATE OF BIRTH / /		CURRENT MARITAL STATUS (Please Check One) <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated			
SPOUSE'S NAME (If Legally Married)		DATE OF MARRIAGE			
SPOUSE'S SOCIAL SECURITY NO.		IF DIVORCED OR LEGALLY SEPARATED, GIVE DATE (S)			

THOSE WHO ARE DIVORCED OR LEGALLY SEPARATED MUST SUBMIT A COPY OF THE FINAL JUDGEMENT(S) OF DISSOLUTION OF MARRIAGE(S) OR LEGAL SEPARATION, UNLESS YOU HAVE PREVIOUSLY DONE SO. IF YOU ARE MARRIED AND NAME A BENEFICIARY OTHER THAN YOUR SPOUSE, YOUR SPOUSE MUST COMPLETE THE SPOUSAL CONSENT FORM ATTACHED

EXPLANATION REGARDING DESIGNATION OF BENEFICIARY

You may designate the same person to receive all benefits named on the lower portion of this form. If you list more than one beneficiary, they shall share the applicable benefits equally unless otherwise designated. You may also designate a contingent beneficiary to receive benefits if your primary beneficiary(ies) should die. If you do not designate anyone, then applicable benefits will be payable as provided under the Plan.

PLEASE BE ADVISED – Your previous designation of your spouse as your beneficiary is automatically revoked upon a Final Judgment of Dissolution of Marriage, unless a Qualified Domestic Relations Order (QDRO) provides otherwise.

BE SURE TO COMPLETE THE ENTIRE FORM AND RETURN IT TO THE TRUST FUND OFFICE

BENEFICIARY DESIGNATION

I _____, Social Security No. _____ do hereby designate the following named person or persons as my beneficiary or beneficiaries to receive any monies that may be payable by reason of my death from the Resilient Floor Covering Pension Trust Fund. In the event of my death, pay any applicable benefits to:

Primary Beneficiary(ies): (If more space is required, attach a second page)

1. _____
Full Name SSN Date of Birth Relationship % of Distribution

Address _____

2. _____
Full Name SSN Date of Birth Relationship % of Distribution

Address _____

Contingent Beneficiary(ies)

1. _____
Full Name SSN Date of Birth Relationship % of Distribution

Address _____

2. _____
Full Name SSN Date of Birth Relationship % of Distribution

Address _____

Signature: _____ **Date:** _____

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SPOUSAL CONSENT

If you designate a beneficiary other than your spouse, your spouse must give their notarized written consent below.

I, _____ hereby consent to the designation
of the beneficiary named above and understand that any benefits due as a result of my Husband's / Wife's death will
(Circle ONE)
be paid to the named beneficiary(ies), and I will not receive any surviving spouse benefit payable for my life.

Spouse's Signature (**MUST BE NOTARIZED**)

Date

TO BE COMPLETED BY NOTARY PUBLIC

STATE OF _____ COUNTY OF _____

On this _____ day of _____, 20_____, before me,

_____, the undersigned Notary

Public, personally appeared, _____,

Signature

☐

personally known to me

☐

proved to me on the basis of satisfactory evidence

to be the person whose name was subscribed to the within instrument, and acknowledged that He / She executed it.
(Circle One)

WITNESS my hand and official seal.

Notary's Signature