

# MONTEREY CULINARY PENSION FUND BENEFICIARY DESIGNATION FORM

## **Section 1 – Participant Information**

Participant Name (Last, First, M.I.)				Soc. Sec. No.	
Home Address		City	State	Zip Code	
Date of Birth	Employee ID#		Phone		

## **Section 2 – Primary Beneficiary Designations**

*I hereby designate that upon my death, the following person(s) shall receive the indicated percentage of the amount payable from the Monterey Culinary Pension Fund. (Please be sure your allocated percentages total 100%). If you are married and designate anyone other than your spouse as sole primary beneficiary, you must obtain your spouse's signature, witnessed by a Notary Public, or a Plan Representative on the back of this form. Unless otherwise specified, primary beneficiaries share equally. **Note:** Spouse named as Primary beneficiary receive a significantly higher benefit payment than children designated as primary beneficiaries. Please refer to the Summary Plan Description Q&A #25.*

Beneficiary Name	Relationship	Percentage	Social Security No.		Birth Date
Home Address	City	State	Zip Code	Home Phone	Cell Phone

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## **Section 3 – Secondary Beneficiary Designations**

*If no named primary beneficiary survives me, I designate the following secondary beneficiaries and the percentage each is to receive. Unless otherwise specified, secondary beneficiaries share equally.*

Beneficiary Name	Relationship	Percentage	Social Security No.		Birth Date
Home Address	City	State	Zip Code	Home Phone	Cell Phone

## **Participant Acknowledgement**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

**Section 3a – Additional Secondary Beneficiary Designations**

Beneficiary Name	Relationship	Percentage	Social Security No.		Birth Date
Home Address	City	State	Zip Code	Home Phone	Cell Phone

**Section 4 – Spousal Consent**

I understand that my spouse is designating a distribution, after his or her death, that does not provide me with 100% distribution of his or her benefits under the Monterey Culinary Pension Fund. By signing below, in the presence of a notary or Plan Representative, I indicate my consent to this designation. I also understand my spouse cannot change this beneficiary designation without my consent.

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_, a Notary Public, personally appeared

\_\_\_\_\_ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_

Name: \_\_\_\_\_

(typed or printed)

(Seal)