

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, on the back of this form. Unless otherwise specified, primary beneficiaries share equally.

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

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

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

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

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

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

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, 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)