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**Central Laborers' Pension Fund**  
**PRE-RETIREMENT DESIGNATION OF BENEFICIARY**  
**FOR PENSION BENEFITS**  
**Side A: Spouse Designated as Beneficiary**

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Complete this form to designate your spouse to receive survivor benefits from the Central Laborers' Pension Fund if you are vested and die before you retire. If you complete and return this form to the Central Laborers' Pension Fund office, no other forms need to be completed with regard to your pension benefit.

I, \_\_\_\_\_  
*(print your full name)*

hereby name my spouse, \_\_\_\_\_  
*(print spouse's full name)*

as beneficiary to receive my Central Laborers' Pension Fund Pre-Retirement Survivor Benefits if I am vested and die before I retire.

\_\_\_\_\_  
Spouse's Date of Birth

\_\_\_\_\_  
Spouse's Social Security Number

\_\_\_\_\_  
Spouse's Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Alternate Beneficiary's Name *(if my spouse pre-deceases or is divorced from me)*

\_\_\_\_\_  
Alternate Beneficiary's Social Security Number

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Alternate Beneficiary's Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Participant's Social Security Number

\_\_\_\_\_  
Participant's Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

**Central Laborers' Pension Fund**  
**PRE-RETIREMENT DESIGNATION OF BENEFICIARY**  
**FOR PENSION BENEFITS**  
**Side B: Beneficiary Other than Spouse**

Complete this form **only** if you are designating someone other than your spouse to receive benefits from the Central Laborers' Pension Fund if you are vested, and/or otherwise meet the eligibility requirements for a Death Benefit, and die before you retire. Please note that if you state that you are not married, you will need to sign this form in the presence of a Notary Public. If you are married, you and your spouse must complete both Side A and Side B of the Waiver of Pre-Retirement Survivor Benefit form (also in the presence of a Notary Public). If these procedures are not followed, the Pension Fund will not be able to honor this beneficiary designation.

I, \_\_\_\_\_  
*(print your full name)*

hereby name the following person(s) as beneficiary(ies) to receive my Central Laborers' Pension Fund Death Benefit if I meet the eligibility requirements for payment of a Death Benefit and die before I retire.

|                                   |                                      |                             |
|-----------------------------------|--------------------------------------|-----------------------------|
| Beneficiary's Name / Relationship | Beneficiary's Social Security Number | Beneficiary's Date of Birth |
| Beneficiary's Address             | Phone                                |                             |

|   |  |                                       |
|---|--|---------------------------------------|
| Alternate Beneficiary's Name / Relationship<br><i>(If my primary beneficiary pre-deceases or is divorced from me)</i> | Alternate Beneficiary's Social Security Number | Alternate Beneficiary's Date of Birth |
| Alternate Beneficiary's Address   | Phone  |                                       |

I am married, and my spouse and I have completed Side A and Side B of the Central Laborers' Pension Fund Waiver of Pre-Retirement Survivor Benefit form.

I hereby swear that I am not legally married at this time.

|                         |                                      |      |
|-------------------------|--------------------------------------|------|
| Participant's Signature | Participant's Social Security Number | Date |
| Participant's Address   | Phone                                |      |

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

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me came \_\_\_\_\_  
\_\_\_\_\_ to me known and known by me to be the person described in and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

|                         |                       |
|-------------------------|-----------------------|
| Notary Public<br>(Seal) | My Commission Expires |
|-------------------------|-----------------------|

**Central Laborers' Pension Fund**  
**WAIVER OF PRE-RETIREMENT SURVIVOR BENEFIT**  
**Side A: Participant's Statement**

Complete both sides of this form if you are married and you have designated or plan to designate someone other than your spouse to receive your Pre-Retirement Survivor Benefits from the Central Laborers' Pension Fund (if you are vested and die before you retire). **NOTE:** This form is **only** a waiver of the Pre-Retirement Surviving Spouse Pension or Death Benefit that would otherwise be payable to your spouse. You must also complete the form titled "Pre-Retirement Designation of Beneficiary for Pension Benefits / Side B: Beneficiary Other than Spouse" to name another beneficiary. **Do not complete this form if you want your spouse to be the beneficiary.**

After considering the Pre-Retirement Survivor Benefit options of the Central Laborers' Pension Fund,  
I, \_\_\_\_\_  
(print your full name)

hereby waive any Pre-Retirement Surviving Spouse Pension or Death Benefit that would otherwise be payable to my spouse by the Fund at my death. I understand that this waiver will not be effective upon my death without the written, notarized consent of the person to whom I am married, if we have been married for at least one year as of the date of my death. I also understand that I can revoke this waiver at any time before my death or retirement by completing a new Beneficiary Designation form and submitting it to the Central Laborers' Pension Fund. I hereby swear that the person co-signing this document (Side B) is my current legal spouse.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Participant's Social Security Number

\_\_\_\_\_  
Participant's Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

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

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me came \_\_\_\_\_  
\_\_\_\_\_ to me known and known by me to be the person described in and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

(Seal)

Central Laborers' Pension Fund  
P.O. Box 1267, Jacksonville, IL 62651-1267  
800-252-6571

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**Central Laborers' Pension Fund**  
**WAIVER OF PRE-RETIREMENT SURVIVOR BENEFIT**  
**Side B: Spouse's Statement**

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I, \_\_\_\_\_  
*(print your full name)*

swear that I am the legal spouse of the Participant described on Side A. I hereby consent to my spouse's waiver of the Pre-Retirement Surviving Spouse Pension and/or Death Benefit. I understand that as a result, I will not be paid any benefit from the Central Laborers' Pension Fund if my spouse is vested for a pension, or otherwise meets the eligibility requirements for a Death Benefit, and dies before retiring. I further recognize that because of this rejection, my spouse will be able to designate someone else to receive Pre-Retirement Survivor Benefits from the Central Laborers' Pension Fund.

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Spouse's Social Security Number

\_\_\_\_\_  
Date

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

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me came \_\_\_\_\_  
\_\_\_\_\_ to me known and known by me to be the person described in and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

\_\_\_\_\_  
Notary Public  
(Seal)

\_\_\_\_\_  
My Commission Expires