

PROFIT SHARING ANNUITY FUND

440-260-0615

DESIGNATION OF BENEFICIARY

- o Use this form to designate your beneficiary(ies).
- o Use the legal name and social security number for each beneficiary (e.g. Mary B. Jones not Mrs. John Jones.)
- o You may use a separate sheet to list additional beneficiaries and attach it to this form if necessary.
- o You are required to complete all sections of this form in ink.
- o Review your beneficiary designation any time your marital status changes.
- o You may change your designation of beneficiary at any time by completing a new Designation of Beneficiary Form.

1. BENEFICIARY DESIGNATION

BY LAW, if you are married and you do not name your spouse as beneficiary of all your benefits under the plan, you must obtain your spouse's signature in the SPOUSAL CONSENT section below. If you name more than one primary beneficiary, the plan benefit payable upon your death will be divided equally among your primary beneficiaries, unless you designate otherwise in the Benefit Percentage columns. Unless you indicate otherwise on a separate sheet attached to this form. 1. Only one primary beneficiary survives, you, he or she will receive 100% benefits that would have otherwise been payable to you, and 2. If your primary beneficiary(ies) predecease you, your benefit will be paid to the secondary beneficiary(ies) listed below.

BENEFICIARY NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SPOUSE		BENEFIT PERCENTAGE	PRIMARY/SECONDARY
			YES	NO		
1.						
2.						
3.						
4.						
5.						

2. MARITAL STATUS (This section MUST be completed.)

I certify that I am (check one) Married (Complete Section 4, if applicable) Not Married

3. MARRIED PARTICIPANT ELECTION TO WAIVE PRE-RETIREMENT SURVIVOR ANNUITY.

I HAVE READ THE NOTICE OF Pre-Retirement Survivor Annuity for Married Participants and waive payment of pre-retirement survivor annuity benefits. I understand that: (1) if I die before my retirement, my benefit under the Plan will be paid to my spouse in the form of a survivor annuity; (2) I have the right to waive that form of payment, if my spouse consents in writing to the waiver; (3) I have the right to name someone other than my spouse as beneficiary of my death benefits, if any spouse consents in writing to the waiver; and (4) I may review any waiver in effect at any time before my death. I further understand that I may change this waiver and the designated beneficiary and the form of payment at any time prior to my death before retirement. If I change to any form of payment other than the pre-retirement survivor annuity to any beneficiary other than my spouse, I will need to obtain my spouses consent to the new form of Beneficiary. I hereby request that my pre-retirement benefit be paid to the beneficiary(ies) named above in the manner indicated.

4. SPOUSAL CONSENT

I HAVE READ THE NOTICE OF Pre-Retirement Survivor Annuity for Married Participants and consent to my spouse's election not to have a pre-retirement death benefit paid to me in the form of survivor annuity. In addition, I have voluntarily consented to permit my spouse to name a beneficiary other than me to receive all, or a portion of the death benefit due under the Plan. I understand that: (1) by giving my consent, I will forfeit annuity benefits I might otherwise receive upon my spouse's death; (2) my spouse's waiver is not valid unless I consent to it; and (3) my consent is irrevocable unless my spouse revokes this waiver.

Spouse's Signature _____

Date _____

On _____ (Date) before me personally appeared _____ (Name) and executed this instrument, acknowledging that he/she is the participant's spouse and that he/she signed this instrument as his/her free act and deed.

Signature, Notary Public/Residing in _____

My commission expires on _____

5. PARTICIPANT SIGNATURE

hereby waive my right to a Pre-Retirement Survivor Annuity benefit payment and make the designation of beneficiaries specified above and revoke any previous beneficiary designations made under the Plan. I understand that I may only change the beneficiary named above by filing a new Designation of Beneficiary Form, in good order.

Participant Name (Please Print Clearly) _____

Social Security Number _____

Date of Birth _____

Participant Signature _____

Date _____

Street Address _____

City, State, Zip Code _____

6. FUND OFFICE AUTHORIZATION

Authorized Fund Office Signature _____

Date _____

Please return completed form to: The Painting Industry Insurance Fund, 8257 Dow Circle, Strongsville, OH 44136