



# **BAC SAVE-Bricklayers & Trowel Trades International - Retirement Savings Plan**

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## **Enrollment/Change Beneficiary Form**

I understand that I may change this Designation of Beneficiary at any time on a form supplied by the Trustees for that purpose and filed with the Fund office.

PLEASE PRINT CLEARLY

Participant Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SS# \_\_\_\_\_ BirthDate \_\_\_\_\_

Local Union # & State \_\_\_\_\_ IU Member # \_\_\_\_\_

For the purpose of a distribution, an Employee or Annuitant may designate a Beneficiary, or change a prior designation, on a form provided by the Trustees and filed with them before the Employee's or Annuitant's death. Notwithstanding the above, the designated Beneficiary of a married Employee or Annuitant shall be the spouse to whom he was married throughout the one-year period immediately preceding the date of his death, unless an alternative Beneficiary was properly designated. However, unless expressly provided otherwise in writing, the designated Beneficiary of an Employee or Annuitant shall be the designated Beneficiary on file in the Plan Office with respect to the Pension Plan. If no Beneficiary has been designated, if the Beneficiary does not survive the Employee or Annuitant, or if the Beneficiary survives the Employee or Annuitant but dies before receiving the full amount of his Accumulated Share, distribution shall be made to the Employee's or Annuitant's children in equal shares or, if there are no children, to his estate.

Notwithstanding anything in the Plan to the contrary, if a Covered Employee has designated his Spouse as his beneficiary under the Plan, and the Covered Employee and Spouse are divorced on or after January 1, 2010, the designation of that former Spouse as the Covered Employee's designated beneficiary under the Plan shall be automatically null and void as of the date of the divorce.

The designation of a Beneficiary other than a married Employee's spouse shall be honored only if the spouse has consented, in writing and witnessed by a notary public, to waive the right to any benefits under this Plan and acknowledging the Beneficiary designated to receive any such benefits. \_\_\_\_\_ Please check to request spousal consent form.

### Beneficiary

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SS# \_\_\_\_\_ Birthdate \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone \_\_\_\_\_

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_