

**FOOD & BEVERAGE WORKERS UNION LOCAL 23  
& EMPLOYERS PENSION FUND  
7130 Columbia Gateway Drive, Suite A  
Columbia, MD 21046  
(410) 872-9500**

## Change in Beneficiary Form

Complete this form if you want to change your beneficiary designation for purposes of your Annuity Account Balance payable under the Plan. If you are married, the person who is your spouse must complete the spouse's statement in on the next page unless you have a Qualified Domestic Relations Order or your spouse is deceased.

### Beneficiary Designation

Name of Participant: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I hereby designate the following individual(s) as my beneficiary(ies) under the Food & Beverage Workers Union Local 32 & Employers Pension Plan for the indicated benefits and I revoke any prior designations.

**1. Primary Beneficiary**

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

Address: \_\_\_\_\_  
City State Zip

Phone #: \_\_\_\_\_ Birthdate: \_\_\_\_\_ SS#: \_\_\_\_\_

**2. Alternate Beneficiary**

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

Address: \_\_\_\_\_  
City State Zip

Phone#: \_\_\_\_\_ Birthdate: \_\_\_\_\_ SS#: \_\_\_\_\_

**Participant's Statement** (Check ONE of the choices below)

\_\_\_\_\_ I hereby certify that my spouse is deceased.

\_\_\_\_\_ I am not married and elect to change my beneficiary.

\_\_\_\_\_ I am married and I elect to change my beneficiary.

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

\_\_\_\_\_  
Date

Sworn and subscribed to before me on this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_.

\_\_\_\_\_ My Commission Expires on \_\_\_\_\_  
Notary Public

**Note: If you are married and your newly elected beneficiary is someone *other than your spouse*, your spouse must complete, and have notarized, the statement below.**

**Spouse's Statement**

I hereby consent to my spouse's designation of the beneficiary listed above. I understand that, as a result of this designation, if any part of the Annuity Account Balance still remains at my spouse's death, it will be paid to his/her new beneficiary as shown above. I understand that my spouse's change in beneficiary will not be effective unless I consent to it in writing by signing below.

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

\_\_\_\_\_  
Date

Sworn and subscribed to before me on this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_.

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

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

***(If this form is not notarized it will be returned to you.)***