



# LABORERS' AND RETIREMENT BOARD EMPLOYEES' ANNUITY AND BENEFIT FUND OF CHICAGO

## Instructions and Terms and Conditions for Designating a Beneficiary

### INSTRUCTIONS:

- Carefully read all Terms and Conditions below.
- Use the Beneficiary Designation Form ("Form") on the reverse side to designate beneficiaries by classifying them as either Primary Beneficiaries or Contingent Beneficiaries (each a "Beneficiary Class") and listing their name(s), contact information, relationship, and percentage share on the table corresponding to the appropriate Beneficiary Class. If more space is needed, please complete additional Forms and attach together.
- Type or print all information for each beneficiary in ink. The Form must be free of erasures, cross-outs, white-outs and alterations.
- You must sign the Form in the presence of a Notary Public who must verify your identity and notarize the Form.
- You may update your beneficiaries at any time by submitting a new Form, with original signatures, to the LABF.
- Please contact the LABF with any questions.

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### TERMS AND CONDITIONS:

- As a member of the LABF, you may use the Form to designate one or more Primary and Contingent Beneficiaries to receive (1) any amount which is payable to you at the time of your death or becomes payable to you after your death, and/or (2) any refund of employee contributions that becomes payable upon or after your death. Beneficiaries may include individuals, trusts, churches, charities, or other not-for-profit organizations.

**Upon your death, payments will be made in the following order of priority: (1) to your spouse if his/her eligibility for a surviving spouse's annuity from LABF is established; (2) to your Primary Beneficiary(ies) if there is no eligible surviving spouse; (3) to your Contingent Beneficiary(ies) if there is no eligible surviving spouse and no eligible Primary Beneficiary.**

**If one or more beneficiaries predecease you or die before applying for the payment, their share(s) will be equally divided between the surviving beneficiaries within the Beneficiary Class.**

- You may designate more than one Primary and/or Contingent Beneficiary by indicating a percentage share to be paid to each. The total Primary and Contingent Beneficiary allocations must EACH equal 100%. Consequently, if you do not list a percentage share or if the total of all shares within a Beneficiary Class does not equal 100%, the LABF will allocate equal shares to each eligible beneficiary within the Beneficiary Class.
- To be valid, the Form must be (1) free of erasures, cross-outs, white-outs and alterations, and (2) completed, signed, dated, notarized, and filed with the LABF or postmarked **prior** to your death. The Form can only be signed by you, the LABF member or your Agent under a Power of Attorney with authority to name beneficiaries on your behalf. If signed by an Agent, a copy of a valid Power of Attorney must be provided with the Form.
- The Form will remain in full force and effect until changed or revoked in writing by submitting a new valid Form.
- Beneficiaries may be updated at any time by submitting a new Form, with original signatures, to the LABF. The LABF will only honor the most recent valid Form on file with the LABF. Therefore, you must specify ALL Primary and Contingent Beneficiaries on this Form even if you are changing only one beneficiary.

# LABORERS' AND RETIREMENT BOARD EMPLOYEES' ANNUITY AND BENEFIT FUND OF CHICAGO

## Beneficiary Designation Form

MEMBER NAME \_\_\_\_\_

SSN / Office No. \_\_\_\_\_

**PRIMARY BENEFICIARY(IES):**

Name of Beneficiary	Address	Phone Number(s)	Email Address	Relationship	% Share
1.					
2.					
3.					
4.					
<b>TOTAL</b>					<b>100%</b>

**CONTINGENT BENEFICIARY(IES):**

Name of Beneficiary	Address	Phone Number(s)	Email Address	Relationship	% Share
1.					
2.					
3.					
<b>TOTAL</b>					<b>100%</b>

I, the LABF member named above, or the authorized Agent for the member, hereby revoke any prior Designations and certify (1) that I have read and understand the Beneficiary Designation Form Terms and Conditions, and (2) that, subject to such Terms and Conditions, I do now designate the Beneficiary(ies) named above. I further understand that this Beneficiary Designation Form will remain in full force and effect until I change or revoke it in writing by submitting a new valid Beneficiary Designation Form. I understand that any person who knowingly makes any false statement, or falsifies, or permits to be falsified, any record in an attempt to defraud the LABF is guilty of a Class 3 felony.

MEMBER SIGNATURE \_\_\_\_\_ **THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC TO BE VALID.**

NOTARY CERTIFICATION			
State of:	County of:	Signed and attested before me on: _____ by: _____	
		<i>(date)</i>	<i>(member's name)</i>
(Notary Seal)		Notary Signature:	My Commission expires: