

**EMPIRE STATE HIGHWAY CONTRACTORS ASSOCIATION, INC.**  
**RETIREMENT PLAN**

**DESIGNATION OF BENEFICIARY FORM**

**(also to be used for change in beneficiaries)**

**IN THE EVENT YOU HAVE BEEN EMPLOYED BY MORE THAN ONE ASSOCIATION MEMBER,  
A SEPARATE BENEFICIARY FORM MUST BE COMPLETED FOR EACH MEMBER**

Plan Sponsor (Employer): \_\_\_\_\_

Name of Participant: \_\_\_\_\_  
(Please Print: Last, First, M.I.)

Address: \_\_\_\_\_ Social Security No.    -   -      
(Street OR PO Box)

\_\_\_\_\_ Date of Birth   -   -    
(CITY, STATE, ZIP)

**\*\*\*Read Reverse Side Before Designating Your Beneficiaries\*\*\***

I hereby designate the person(s) name below as my Beneficiary(ies) to receive any benefits payable in the event of my death pursuant to the Plan. All previous designations of Beneficiaries are hereby revoked. If you need space to name additional beneficiaries, please attach sheet to this form.

**1. Primary Beneficiary:** \_\_\_\_\_  
Name Relationship

\_\_\_\_\_ Address (street, city, state, zip)  
Date of Birth   -   -   Social Security No.    -   -

**2. Secondary Beneficiary(ies):** If the Primary Beneficiary is not living, I designate the following as secondary beneficiary(ies) in equal shares (unless otherwise indicated):

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

\_\_\_\_\_ Address (street, city, state, zip)  
Date of Birth   -   -   Social Security No.    -   -

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

\_\_\_\_\_ Address (street, city, state, zip)  
Date of Birth   -   -   Social Security No.    -   -

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

\_\_\_\_\_ Address (street, city, state, zip)  
Date of Birth   -   -   Social Security No.    -   -

*I retain the right to revoke this designation of Beneficiary and to designate a new Beneficiary or Beneficiaries. If no designated Beneficiary survives me, or no beneficiary is in effect, the balance is to be paid to my estate. I understand that the designation of a Primary Beneficiary other than my spouse is null and void (and benefits will be paid to my spouse) unless my spouse consents to the designation by signing in the space provided on the reverse of this side of this form.*

Dated \_\_\_\_\_ . \_\_\_\_\_ Participant's Signature

**Witness to Participant's Signature**

*(Must Be Someone Other Than the Designated Beneficiary(ies))*

## SPOUSE'S CONSENT

I, the undersigned being the spouse of the Participant named on the reverse side, do hereby approve and consent to the Designation of Beneficiary made and to the payment of any benefit under the Plan to such person (instead of myself) in the event of my spouse's death, in accordance with and subject to the provisions of the Plan.

**Such election and the signature of the spouse must be witnessed by a notary public or plan representative.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

*\*Married spouse must sign their full name (i.e. Mary A. Smith not Mrs. John Smith)*

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
COUNTY

(SEAL)

### **YOU MUST COMPLETE A NEW DESIGNATION OF BENEFICIARY FORM IF YOUR MARITAL STATUS CHANGES**

#### **INSTRUCTIONS**

1. You have the right to change your beneficiary designation at any time by filing a new Designation of Beneficiary form.
2. Type or print in ink. If a mistake is made, do not erase, use a new form.
3. The relationship of the beneficiary to you should be stated; (i.e. Jane Doe, Wife)
4. Use full given name when designating a married woman as beneficiary; (i.e. Jane E. Doe, not Mrs. John Doe).
5. When a beneficiary is not related, state the relationship as "non-relative."
6. If any of the information changes, you should promptly notify the Plan Administrator in writing.
7. If more room is needed, attach additional sheets and include all requested information.

#### **IMPORTANT BENEFICIARY INFORMATION**

##### **Married Participants**

Under current federal law, your spouse will be entitled to receive, upon your death, any benefits payable from the Plan. You may designate a beneficiary other than your spouse, **but your spouse must have consented to such designation.**

##### **Single Participants**

If you are single at the time you designate a beneficiary and you subsequently marry, the Designation of Beneficiary you made when you were single will become null and void on the date of your marriage. Upon your subsequent death, your spouse will be entitled to receive any payable plan benefits unless you have completed a new Designation of Beneficiary form and your spouse has consented to such designation.