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## MCASF Local 725 Defined Contribution Retirement Plan BENEFICIARY ELECTION FORM

Member's Name	SSN
Address	
Below, please indicate the person(s) you Local 725 Defined Contribution Retireme	wish to be named as beneficiary(ies) of any death benefits through the MCASFent Plan.
	ur death, Federal law and the Benefit Fund requires that benefits be paid to your surviving spouse ne benefit to someone else. To make that type of change, the Benefit Fund will require a notarized form for notarized consent by your spouse.
BENEFICIARY DESIGNATION	
Primary Beneficiary	SSN
	SSN Relationship
Primary Beneficiary	SSN
	SSN Relationship
In the event your Primary Beneficiary(ies) pre-decindicate.	ceases you, the below list of Contingent Beneficiary(ies) will be paid based on the percentage you
	SSN Relationship
Contingent Beneficiary Percentage of Benefit	SSN Relationship
(Attach additional paper if necessary, please ensu	re to indicate "primary" or contingent" and percentage)
when received in the Fund Office and on	nation cancels any previous designation I may have made and will be effective lly if received prior to my death. Further, I understand that this designation shal s and I remarry, which would make my legal spouse at the time of my death my
Member's Signature	Date
I hereby consent to my spouse's designation of th	EFICIARY DESIGNATION AS NOTE ABOVE  the above beneficiary for death benefits payable through the Benefit Fund. I fully understand that the sipt of the benefits payable on behalf of my spouse in the event of his or her death.
Spouse's Signature	Subscribe to and sworn to before me,
Date	this day of, 20