



# BENEFICIARY FORM

## Part 1 Participant Information

<b>PARTICIPANT NAME</b>	First Name	Middle Initial	Last Name
	<b>PARTICIPANT ID</b> IPE T50		
<b>ADDRESS*</b> <small>*Address will be updated, if different from what is on file</small>	Blue Shield of California	OR	Social Security Number XXX-XX-XXXX (Only last four required, full SSN requested for new participants.)
	Street	City	State ZIP Code
<b>PHONE NUMBER</b>	( ) -	<b>EMAIL</b>	<b>DOB</b> <b>LOCAL</b>

## Part 2 Beneficiary Designation

Please list at least one Primary Beneficiary for each of the five funds (even if they may not all currently apply). If you want to designate the same beneficiary(ies) for all funds, complete the Health & Welfare Fund section in full and then initial where indicated for each of the other funds. By initialing any section, any conflicting designation in that section will be disregarded. If you list more than one beneficiary and do not indicate a percentage allocation among them, benefits will be paid in equal shares. A Contingent Beneficiary(ies) applies only if all your Primary Beneficiary(ies) are deceased.

### SCPT Health & Welfare Fund (Active Plan)

	Name (First, Middle, Last)	Relationship	Date of Birth	SSN	Address (Street, City, State, ZIP Code)	%
PRIMARY			/ /	- -		
			/ /	- -		
CONTINGENT			/ /	- -		
			/ /	- -		
			/ /	- -		

### SCPT Health & Welfare Fund: Vacation & Holiday Benefit

Initial here to select the Health & Welfare Fund designation \_\_\_\_\_

	Name (First, Middle, Last)	Relationship	Date of Birth	SSN	Address (Street, City, State, ZIP Code)	%
PRIMARY			/ /	- -		
			/ /	- -		
CONTINGENT			/ /	- -		
			/ /	- -		
			/ /	- -		

### SCPT Christmas Bonus Fund

Initial here to select the Health & Welfare Fund designation \_\_\_\_\_

	Name (First, Middle, Last)	Relationship	Date of Birth	SSN	Address (Street, City, State, ZIP Code)	%
PRIMARY			/ /	- -		
			/ /	- -		
CONTINGENT			/ /	- -		
			/ /	- -		
			/ /	- -		

SCPT Retirement Fund						Initial here to select the Health & Welfare Fund designation _____
PRIMARY	Name (First, Middle, Last)	Relationship	Date of Birth	SSN	Address (Street, City, State, ZIP Code)	%
			/ /	- -		
			/ /	- -		
CONTINGENT			/ /	- -		
			/ /	- -		
			/ /	- -		

SCPT Defined Contribution Fund						Initial here to select the Health & Welfare Fund designation _____
PRIMARY	Name (First, Middle, Last)	Relationship	Date of Birth	SSN	Address (Street, City, State, ZIP Code)	%
			/ /	- -		
			/ /	- -		
CONTINGENT			/ /	- -		
			/ /	- -		
			/ /	- -		

**NOTE:** If you are married and your spouse is NOT the only Primary Beneficiary for the funds above (Retirement Fund and Defined Contribution Fund), you must complete the spousal consent, including notarization, for your beneficiaries to be effective. Not completing a required notarization will default your Primary Beneficiary to your spouse ONLY for the Retirement Fund and Define Contribution Fund. If this does not apply to you, please skip to Part 4.

### Part 3 Spousal Consent & Notarization

I CONSENT TO THE TERMS OF THE BENEFICIARY DESIGNATIONS IN THE SCPT RETIREMENT & DEFINED CONTRIBUTION FUND.

SPOUSE SIGNATURE

PRINT NAME

DATE

Required

X

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of \_\_\_\_\_ }  
 County of \_\_\_\_\_ }

On \_\_\_\_\_, before me, \_\_\_\_\_, Notary Public,

personally appeared \_\_\_\_\_

Who proved to me on this basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under the PENALTY OF PERJURY under the laws of State of California that the foregoing paragraph is true and correct.

SIGNATURE \_\_\_\_\_

Place Notary Seal Above

### Part 4 Participant's Authorization

I AUTHORIZE THE FUND OFFICE TO EXECUTE MY DIRECTIONS AS SET FORTH ABOVE.

PARTICIPANT SIGNATURE

PRINT NAME

DATE

Required

X