INLAND

Refrigeration & Air Conditioning

Retirement Trust Fund

administered by

Southern California Pipe Trades Administrative Corporation
501 Shatto Place, Suite 500, Los Angeles, CA 90020
(800) 595-7473 • (213) 385-6161 • FAX (213) 385-2767

Beneficiary Form

Please Print & Use Black or Blue Ink Only
NOTE: BE SURE TO COMPLETE ALL APPLICABLE SECTIONS

Section A. Member's Information

Name *(First, Middle, Last)*	S.S.# *xxx-xx-xxxx*	Local Union #
Gender ☐ Male ☐ Female	Email Address	
Address *(Street, City, Zip, State)*	Phone # *(xxx) xxx-xxxx*	Date of Birth *(mm-dd-yy)*

Section B. Beneficiary Designations

NOTE: If you designate your spouse as a Beneficiary below and later divorce, your Beneficiary designation is automatically revoked and void. If you want your ex-spouse to continue to be your Beneficiary, you must sign a new Beneficiary designation naming him/her after the date of the divorce.

If you are married and any of the PRIMARY BENEFICIARIES named for the Fund below is someone OTHER THAN YOUR SPOUSE, then federal law requires that Section D must be signed by your spouse and notarized.

Inland Refrigeration & Air Conditioning Retirement Trust Fund

Primary Beneficiary(ies)
I hereby designate the following person(s) as my beneficiary(ies) to receive benefits, if any, payable upon my death.
I understand that if I list more than one beneficiary and do not indicate a percentage allocation among them, benefits will be paid in equal shares.

Name	Relationship	S.S. #	Date of Birth	Address	%

Contingent and Successor Beneficiary(ies)
If all the above Primary Beneficiary(ies) do not survive, I hereby designate the following person(s) to be my Contingent and Successor Beneficiary(ies) to receive any benefits that become due as a result of my death or which remain payable after the death of (all) the above named beneficiary(ies).
I understand that if I list more than one beneficiary and do not indicate a percentage allocation among them, benefits will be paid in equal shares.

Name	Relationship	S.S. #	Date of Birth	Address	%

Section C. Member's Signature

I authorize the Trust Fund to execute my directions as set forth above.

X _____ _____
Signature of Member Date

THIS FORM MUST BE COMPLETED IN FULL AND IS INVALID WITHOUT THE MEMBER'S SIGNATURE (and spouse's signature, if required, in Section D)

Section D. Spousal Consent

This section must be completed if you are married and any of the primary beneficiaries for the Retirement Fund is someone other than your spouse.

If you are not married, or if you listed your spouse as the only Primary Beneficiary for the Retirement Fund, do not complete this section.

1. Spouse's Signature

I consent to the terms of the beneficiary designations in Section B. of this form.

X _____ _____ _____
Signature of Member's Spouse Social Security Number Date

2. Notarization

State of _____

County of _____ } SS.

On _____ before me, _____,
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared _____,
Name of Signer

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

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

WITNESS my hand and official seal.

X _____
Signature of Notary Public

Place Notary Seal Above