

ST. LOUIS GRAPHIC ARTS JOINT HEALTH & WELFARE FUND

BENEFICIARY DESIGNATION FORM

THIS CARD IS FOR THE ST. LOUIS GRAPHIC ARTS JOINT HEALTH & WELFARE FUND. IF YOU ARE A PARTICIPANT OF THE ST. LOUIS GRAPHIC ARTS PENSION FUND OR ARE COVERED BY THE VOLUNTARY LIFE INSURANCE FUND OR THE GAJU 18-B FUNERAL BENEFIT FUND, PLEASE CONTACT THOSE FUND'S FOR THEIR BENEFICIARY FORM.

Please print full name, SS#, birth date and home address of employee.

_____	_____	_____
Last Name	First Name	MI
_____	_____	_____/_____/_____
Address		Date of Birth
_____	_____	_____
City	State	Zip Code

Gender: () Male () Female Marital Status: () Married () Single

INSTRUCTIONS: If you want the **AUTOMATIC BENEFICIARY**, check that box.

If you do not want the Automatic Beneficiary, check the 'Personal Selection' box and write in the name of the person(s) you want as the Primary Beneficiary(s) along with their relationship to you. You may also name a Contingent Beneficiary(s) in case the Primary Beneficiary(s) does not survive you. If you do not make a selection the Automatic Beneficiary will apply.

() **AUTOMATIC BENEFICIARY**-The Automatic Beneficiary is

- (1) your spouse, if he (or she) survives you; if no surviving spouse then;
- (2) in equal shares to your children who survive you; if no surviving children then;
- (3) your parents, equally, if both survive you, or to the survivor if only one survives you; if neither survives then;
- (4) to the personal representative of your estate.

() **PERSONAL SELECTION**-Provide Name and Relationship

PRIMARY:

Full Name(s)

Social Security Number(s)

CONTINGENT:

Full Name(s)

Social Security Number(s)

NOTE: If you have placed an X in front of the Automatic Beneficiary Designation but have also written in one or more beneficiaries under the Personal Selection, designation under the Personal Selection will govern, rather than the Automatic Beneficiary.

Signature of Employee

Date

Sign your name on the original; keep the carbon for your records.

IF YOU HAVE PREVIOUSLY COMPLETED A BENEFICIARY DESIGNATION FORM - Your beneficiary designation on this form will revoke and replace any earlier designation.

You may change your beneficiary in accordance with conditions and provision of the plan.

THE FOLLOWING INSTRUCTIONS ONLY APPLY IF YOU NAME A BENEFICIARY
UNDER PERSONAL SELECTION

(If you select the Automatic Beneficiary, ignore these instructions)

1. If the beneficiary is a married woman, show given name (Mary J Doe, not Mrs. John M. Doe)
2. If the beneficiary is not related, show as “non-relative” and identify by giving present address as well as full name.
3. Unless otherwise provided, proceeds will be payable in equal shares to those Primary Beneficiaries who survive the employee, but if no Primary Beneficiary survives the employee, such proceeds will instead be payable in equal shares to those Contingent Beneficiaries who survive the employee.

Sample designation:

PRIMARY:

Mary J. Doe, Wife

CONTINGENT:

My Children (List Names)

Return this form to:
St. Louis Graphic Arts Joint Health & Welfare Fund
14323 So. Outer Forty Road, Suite S106
Chesterfield, MO 63017
(314) 878-1579
