BENEFICIARY DESIGNATION FORM FOR A REFUND OF PENSION CONTRIBUTIONS UPON PARTICIPANT'S DEATH

Laborers' and Retirement Board Employees' Annuity & Benefit Fund of Chicago 321 N. Clark St., Suite 1300, Chicago, IL 60654-4739 (312) 236-2065

Please print:
EMPLOYEE NAME

SS/Office # _____

PRIMARY BENEFICIARY(IES): It is MANDATORY that you name at least one (1) Primary Beneficiary below. If you are married, the person(s) named, may or may not be your spouse. If you wish to designate your spouse as your primary beneficiary, you must name him or her below.

In accordance with the provisions of the Act governing the Fund, 40 ILCS 5/11-166, I designate the following named person(s) as my primary beneficiary(ies) of any amount which may become refundable upon my death:

Name of Beneficiary or Trust	Address	Phone Number	Relationship	% Share
IMPORTANT : If the total of all primary beneficiary shares does not equal 100%, LABF will allocate equal shares totaling 100%. If a primary beneficiary predeceases you, his or her share will be equally divided between the surviving primary beneficiaries.			TOTAL	100%

SECONDARY BENEFICIARY(IES): In the event that my primary beneficiary(ies) do(es) not survive me, I designate the following named person(s) as my secondary beneficiary(ies) of any amount which may become refundable upon my death:

Name of Beneficiary or Trust	Address	Phone Number	Relationship	% Share
IMPORTANT: Benefits will only	be allocated to a secondary beneficiary(ies)	if all primary	TOTAL	100%
beneficiaries are deceased. If the total of all secondary beneficiary shares does not equal 100%, LABF will allocate equal shares totaling 100%.				10070

I hereby revoke any prior designation(s).

By signing this form, I acknowledge that I understand and approve of the beneficiary designations made on this form.

Member Signature		Date
FOR N	OTARY USE ONLY	
State of		
County of		
Signed and sworn (or affirmed) to before me on		by
	(date)	(name of person making statement)
(cool)		(signature of notary public)
(seal)		(signature of notary public)

THIS FORM MUST BE NOTARIZED TO BE VALID

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Instructions and Important Considerations for Completing Beneficiary Form

■ As a member of the Fund, you may, SUBJECT TO PRIOR RIGHT OF ELIGIBLE SPOUSE AND/OR ELIGIBLE MINOR CHILDREN TO ANNUITY, designate one or more beneficiaries to receive any amount which may become refundable to you in the event of your death. Beneficiaries may include people, trusts, churches, charities, or other organizations. If you designate a trust, you must provide the name of the trust and the address where the trust is filed.

■ Beneficiaries may be changed at any time by filing a new Beneficiary Designation Form with the Fund. The Fund will only honor the most recent Beneficiary Designation Form that has been completed, signed, notarized and filed with the Fund before the member's death.

• A new Beneficiary Designation Form should be filed in the event of a marriage, civil union, divorce, birth of a child, the death of your beneficiary(ies), or any other life change if it will affect whom you wish to designate as your beneficiary.

■ If you designate more than one beneficiary, you may indicate a percentage to be paid to each one. If you do not list a percentage or if the total of all shares does not equal 100%, the Fund will allocate equal shares to each eligible beneficiary. If one or more primary beneficiary(ies) predeceases you, his or her share(s) will be equally divided between the surviving primary beneficiaries.

■ If you do not designate a beneficiary(ies) to receive any amount refundable upon the date of your death, the Illinois Pension Code provides that such a refund shall be payable in the following order:

- 1. To your children in equal parts to each;
- 2. To the executor or administrator of your estate; or
- 3. To your heirs according to the laws of descent and distribution of the state of Illinois.

■ The Beneficiary Designation Form must be signed, dated and notarized to be valid. If your form is not complete <u>and</u> notarized, it will be rejected and considered void.

Please contact the Fund Office with any questions