



LABORERS' AND RETIREMENT BOARD EMPLOYEES' ANNUITY AND BENEFIT FUND OF CHICAGO

Instructions and Terms and Conditions for Designating a Beneficiary

INSTRUCTIONS:

- Carefully read all Terms and Conditions below.
- Using the Beneficiary Designation Form ("Form") on the reverse side, list your beneficiaries as well as their contact information, relationship, and percentage share. If more space is needed, please complete additional Forms and attach together.
- Type or print all information for each beneficiary in ink.
- Prior to submitting your Beneficiary Designation Form, you must sign it in the presence of a Notary Public who shall then notarize the Form.
- You may change your beneficiaries at any time by filing a new Beneficiary Designation Form with the LABF.
- Please contact the LABF with any questions.

TERMS AND CONDITIONS:

- As a payee of the LABF, you may use the Beneficiary Designation Form to designate one or more primary and contingent beneficiaries to receive (1) any amount which is payable to you at the time of your death or becomes payable to you after your death.
- You may designate more than one primary and/or contingent beneficiary by indicating a percentage share to be paid to each one. Contingent beneficiaries will receive payment as indicated ONLY IF all primary beneficiaries do not survive you. The total primary and contingent beneficiary allocation should EACH equal 100%. Consequently, if you do not list a percentage share or if the total of all shares does not equal 100%, the LABF will allocate equal shares to each eligible beneficiary. If one or more beneficiaries predeceases you, their share(s) will be equally divided between the surviving beneficiaries.
- To be valid, the Beneficiary Designation Form must be (1) free of erasures, cross-outs, white-out and alterations, and (2) completed, signed, dated, notarized and filed with the LABF prior to your death. The Form can only be signed by the LABF member or his or her Agent under a Power of Attorney with authority to name beneficiaries on behalf of the member.
- The Beneficiary Designation Form will remain in full force and effect until you change or revoke it in writing by submitting a new valid Beneficiary Designation Form.
- Beneficiaries may be changed at any time by filing a new Beneficiary Designation Form with the LABF. The LABF will only honor the most recent valid Beneficiary Designation Form on file with LABF. Therefore, you must specify ALL primary and contingent beneficiaries on this Form even if you are changing only one beneficiary.

Laborers' and Retirement Board Employees' Annuity and Benefit Fund of Chicago

Beneficiary Designation Form

(FOR USE BY SURVIVOR SPOUSE PAYEES, REVERSIONARY BENEFICIARY PAYEES AND QILDRO ALTERNATE PAYEES)

PAYEE NAME _____ SSN / Office No. _____

PRIMARY BENEFICIARY(IES):

Name of Beneficiary	Address	Phone Number	Relationship	% Share
			TOTAL	100%

CONTINGENT BENEFICIARY(IES):

Name of Beneficiary	Address	Phone Number	Relationship	% Share
			TOTAL	100%

I, the LABF payee named above, hereby revoke any prior designations and certify (1) that I have read and understand the Beneficiary Designation Form Terms and Conditions, and (2) that, subject to the Terms and Conditions, I do now designate the beneficiary(ies) named above. I further understand that this Beneficiary Designation Form will remain in full force and effect until I change or revoke it in writing by submitting a new valid Beneficiary Designation Form.

FORM MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC TO BE VALID.

PAYEE SIGNATURE _____

NOTARY CERTIFICATION

State of _____ County of _____

Signed and attested before me on _____ by _____
(date) (name of payee making statement)

(Notary Seal)

Notary Signature _____

My Commission expires _____