

# Northern California Plasterers Trust Funds

Health and Welfare Trust Fund, Pension Plan, and Plasterers Supplemental Pension Trust

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## CHANGE OF BENEFICIARY DESIGNATION

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Marital Status \_\_\_\_\_

Reason For Change (please check one)

- Divorced\*       Remarried\*       Not Previously Filed       Death  
 Other \_\_\_\_\_

\*If change is due to a divorce or if you have been previously divorced & remarried please enclose a complete copy of your divorce decree and property settlement to ensure there is no entitlement of benefits by a prior spouse.

**I hereby revoke any prior designation of beneficiary executed prior to this date.**

Member Signature \_\_\_\_\_

Date \_\_\_\_\_

I hereby designate the following as my beneficiary in the event of my death for the following benefits if they are available: Defined Benefit Pension Plan Death Benefit. **I am aware that I may not designate someone other than my spouse for Pension death benefits without my spouse's written, notarized approval.**

Beneficiary Name \_\_\_\_\_ Relationship \_\_\_\_\_

Beneficiary Address \_\_\_\_\_

In the event that the beneficiary named above should die before me, I designate the following as beneficiary:

Beneficiary Name \_\_\_\_\_ Relationship \_\_\_\_\_

Beneficiary Address \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_