

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 circle 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: Supplemental Pension Plan distribution. **I am aware that I may not designate someone other than my spouse for Supplemental 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 _____