

ABC-NABET RETIREMENT TRUST PLAN APPLICATION FOR RETIREMENT PAYMENTS

FORM B

Annuity with 120 Monthly Payments Guaranteed Beneficiary Designation

I, the undersigned, a Participant under the ABC-NABET Retirement Trust Plan, hereby revoke any prior designation of beneficiary made by me under said Plan, and hereby designate the person or persons named below to receive, if they survive me, any and all benefits to which my beneficiaries may be entitled in accordance with my election of an Annuity with 120 Monthly Payments Guaranteed.

[If naming joint beneficiaries, please indicate the percentage of your monthly payments that each individual is to receive.]

Name of Primary Beneficiary: _____ Relationship: _____

Address of Primary Beneficiary: _____ Percentage: _____

Social Security Number of Primary Beneficiary: _____

Name of Primary Beneficiary: _____ Relationship: _____

Address of Primary Beneficiary: _____ Percentage: _____

Social Security Number of Primary Beneficiary: _____

In the event that (any of) the above person (s) should die before the 120 payments under the Plan have been made, I hereby designate the person(s) named below as my contingent beneficiary (beneficiaries):

Name of Contingent Beneficiary: _____ Relationship: _____

Address of Contingent Beneficiary: _____ Percentage: _____

Social Security Number of Contingent Beneficiary: _____

Name of Contingent Beneficiary: _____ Relationship: _____

Address of Contingent Beneficiary: _____ Percentage: _____

Social Security Number of Contingent Beneficiary: _____

I reserve the right to revoke and change the above designation(s) at any time by giving written notice on the form prescribed by the Trustees.

Signature of Participant Date _____

Signature of Witness (other than Beneficiary) Date _____