# ABC-NABET RETIREMENT TRUST PLAN

## ANNUITY WITH 120 MONTHLY PAYMENTS GAURANTEED
## BENEFICIARY DESIGNATION FORM

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: _____
Street City State Zip

Percentage: _____ Social Security Number of Primary Beneficiary: _____

Name of Primary Beneficiary: _____ Relationship: _____

Address of Primary Beneficiary: _____
Street City State Zip

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: _____
Street City State Zip

Percentage: _____ Social Security Number of Contingent Beneficiary: _____

Name of Contingent Beneficiary: _____ Relationship: _____

Address of Contingent Beneficiary: _____
Street City State Zip

Percentage: _____ Social Security Number of Contingent Beneficiary: _____

**Subject to the requirement that I obtain spousal consent, 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.**

_____ Date _____
Signature of Participant

_____ Date _____
Signature of Witness (other than Beneficiary)

* This form relates solely to the Company-funded benefits from the Plan and not to benefits from the Supplementary Portion of the Plan, if any.