

# AGMA Health Fund

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## PRE-RETIREMENT BENEFIT BENEFICIARY DESIGNATION FORM

Initial Enrollment

Change

Section A For All Participants

Name of Participant \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Birth Date \_\_\_\_\_ Name of Employer \_\_\_\_\_

Marital Status (Check one of the following):

Single

Married (To designate someone other than your spouse as a beneficiary, spouse must complete Section B)

### DESIGNATION OF A BENEFICIARY

I hereby designate the person named below as my beneficiary to receive the retirement benefits payable in the event die before retirement ("pre-retirement survivor benefit") under the AGMA Retirement Plan.

I understand that if I am married, I may not designate any person other than my spouse as the beneficiary unless my spouse consents to such designation in Section B.

#### PRIMARY BENEFICIARY

Name of Beneficiary	Relationship	Birth Date
(Last) (First) (MI)		
Address		Social Security No.

#### CONTINGENT BENEFICIARY

Name of Beneficiary	Relationship	Birth Date
(Last) (First) (MI)		
Address		Social Security No.

If more than one beneficiary is being designated, indicate additional beneficiaries with complete information (and percentages for each beneficiary) on a separate sheet if necessary.

AGMA RETIREMENT PLAN  
PRE-RETIREMENT SURVIVOR BENEFIT  
BENEFICIARY DESIGNATION FORM

**Your signature MUST BE witnessed by a Notary Public!**

I acknowledge the following:

- (a) No beneficiary has the right to name an additional beneficiary or have the benefits pass to his or her estate.
- (b) In the event (1) no beneficiary has been named, (2) the last named beneficiary has predeceased me, or (3) the beneficiary survives me but dies before benefit payments begin, the benefits will be payable to my children (if any) in equal shares per stirpes. If there are no surviving children, the benefits will then be payable to my estate. Moreover, if I die interstate, the benefits will be distributed in accordance with the intestacy laws of New York.
- (c) The beneficiary designation appearing above supersedes any beneficiary designation of a previous date.
- (d) All the statements and information above are true to the best of my knowledge.
- (e) If I am married and someone other than my spouse is designated above as the beneficiary, I certify that I am legally married to the person who is completing and signing Section B.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

State of \_\_\_\_\_ )

SS:

Country of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ before me came \_\_\_\_\_, to me known and known to me to be the person described above, who executed the foregoing statement before me under oath.

\_\_\_\_\_  
Notary Public or authorized Plan representative

[Seal or Stamp]

AGMA RETIREMENT PLAN

**PRE-RETIREMENT SURVIVOR BENEFIT  
PART B-BENEFICIARY DESIGNATION FORM**

Section B For spouses of Married Participants – If A Non-Spouse Is Designated A Beneficiary

I swear that I am the legal spouse of \_\_\_\_\_  
Participant's Name

I understand that if my spouse dies before retirement and I have been married to him or her for at least one year before his or her death, I am entitled to receive survivor benefits ("pre-retirement survivor benefit") under the AGMA Retirement Plan, unless I consent to designation of someone else as a beneficiary. I understand that my spouse has designated \_\_\_\_\_ (specify the non-spouse beneficiary named in Section A) as the beneficiary to receive the pre-retirement survivor benefit.

(Check only once)

I hereby consent to the designation of \_\_\_\_\_ as the beneficiary in Section A.  
The designated beneficiary in Section A may not be changed without my further consent.

I hereby consent to the designation of \_\_\_\_\_ as the beneficiary in Section A.  
The designated beneficiary in Section A may be changed without my further consent. I acknowledge that I have the right to limit my consent to a specific beneficiary and hereby voluntarily relinquish such right.

I understand that as a result of my consent I will receive no per-retirement survivor benefit from the AGMA Retirement Plan after my spouse's death.

I further understand that my consent to the designation in Section A is irrevocable.

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Social Security No.

State of \_\_\_\_\_ )

SS:

County of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ before me came \_\_\_\_\_, to me known and known to me to be the person described above, who executed the foregoing statement before me under oath.

\_\_\_\_\_  
Notary Public or authorized Plan representative

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