

California Winery Workers Pension Plan Trust

Beneficiary Designation for Pre-Retirement Death Benefits

Name of Participant (Employee): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____ Social Security No.: _____

Date of Birth: _____ Marital Status: ☐ Never Married ☐ Married ☐ Widowed ☐ Divorced

TYPES OF DEATH BENEFITS AVAILABLE:

The Plan offers two forms of death benefit if you die before retirement, and you have satisfied certain age and/or service requirements:

- 1) a monthly annuity for life, payable only to your spouse, starting any time you would have been eligible to retire (the "qualified survivor annuity"); or
- 2) monthly payments for 120 months of your normal accrued benefit, payable to your spouse or to another beneficiary.

Payments under option 1 are reduced to take into account your age and spouse's age, and when benefits begin. If your spouse is your beneficiary, he or she may choose between the two forms of benefit at the time of your death.

WHO IS YOUR BENEFICIARY:

1) Default Beneficiaries: If you do not designate a beneficiary and you die before retirement, benefits will be paid to your spouse, if you are married at the time of your death, or if not, to your children.

2) Other Beneficiaries: You may designate any person or persons to be your beneficiary, subject to the following rules:

- a) **If you are married, the designation of a primary beneficiary other than, or in addition to, your spouse will be accepted only if your spouse consents in writing on this form.**
- b) If you are not married and have minor children at the time of your death, benefits will be paid to them instead of any other beneficiary you may designate.
- c) The designation of your spouse is automatically revoked if you become divorced, unless that designation is preserved in a Qualified Domestic Relations Order or you reinstate it. (You should review your beneficiary designation if your marital status changes.)
- d) If you have been divorced, you must provide copies of your judgment(s) of divorce and marital settlement agreements, so the Plan can determine if a former spouse has a legal right to some or all of your death benefits.

BENEFICIARY INFORMATION REQUIRED:

Please give the full name of each beneficiary (for example, Jane Maria Doe, not Mrs. John R. Doe). To name more than three Primary or Contingent beneficiaries, write the total number of beneficiaries on the first line (for example, "five beneficiaries") and attach a list showing the information about each beneficiary, sign it and, if you are married, have your spouse sign it. All primary beneficiaries living at the time of death shall receive an equal share of the benefit. If no primary beneficiaries are living at the time of death, all contingent beneficiaries shall receive an equal share of the benefit.

California Winery Workers Pension Plan Trust
955 N Street, Fresno, CA 93721-2216
(559) 225-3030 ♦ (800) 282-5246

Primary Beneficiary:

Name of Beneficiary: _____	Relationship: _____
Address: _____	
City: _____	State: _____ Zip Code: _____
Date of Birth: _____	Social Security Number: _____
Name of Beneficiary: _____	Relationship: _____
Address: _____	
City: _____	State: _____ Zip Code: _____
Date of Birth: _____	Social Security Number: _____
Name of Beneficiary: _____	Relationship: _____
Address: _____	
City: _____	State: _____ Zip Code: _____
Date of Birth: _____	Social Security Number: _____

Contingent Beneficiary:

Name of Beneficiary: _____	Relationship: _____
Address: _____	
City: _____	State: _____ Zip Code: _____
Date of Birth: _____	Social Security Number: _____
Name of Beneficiary: _____	Relationship: _____
Address: _____	
City: _____	State: _____ Zip Code: _____
Date of Birth: _____	Social Security Number: _____
Name of Beneficiary: _____	Relationship: _____
Address: _____	
City: _____	State: _____ Zip Code: _____
Date of Birth: _____	Social Security Number: _____

YOUR SIGNATURE: I designate the person(s) named above to receive my pre-retirement death benefits.

Participant's Signature: _____ Date: _____

CONSENT OF SPOUSE: I understand that I have the legal right to be the sole primary beneficiary of my spouse's pre-retirement death benefits, unless I consent to the designation of someone else as primary beneficiary. I agree to the designation of the person(s) named above as primary beneficiary(ies) in place of or in addition to myself.

Spouse's Signature: _____ Date: _____
(Signature must be notarized or witnessed)

☐ Notarized Acknowledgment Certificate attached ☐ Witnessed by a Plan Representative

Plan Representative's Signature: _____ Date: _____