

CEMENT MASONS & PLASTERERS LOCAL 518
DEFINED CONTRIBUTION PLAN

P.O. Box 909500, Kansas City, MO 64190-9500
(816) 393-7060/ Toll Free (877) 518-0518

Last Name			First Name in Full			Middle Name in Full			
Home Address			City and State			Zip Code			
Social Security No.			Date Employee Joined Union		Local Union No.		Preferred Telephone No.		
Date of Birth		Marital Status		Sex	Email Address				
Month	Day	Year	<input type="checkbox"/> Married <input type="checkbox"/> Divorced	<input type="checkbox"/> Male					
			<input type="checkbox"/> Single <input type="checkbox"/> Widowed	<input type="checkbox"/> Female					
Death Benefits to be Paid to			Relationship		PLEASE PRINT ALL INFORMATION				
Full Name									
SS# of Beneficiary						YOU MAY LIST CONTINGENT BENEFICIARIES ON BACK OF CARD			
Residence of Beneficiary									
Street		City or Town		State					
Date Card is Signed									
				20					
month		day		year		Signature - use full name			

BENEFICIARY CARD

CONTINGENT BENEFICIARIES

Name	Social Security No.	Address	% Paid	Date of Birth

If you are married and have NOT elected your spouse as beneficiary, your spouse must sign this form. By submitting this form, you acknowledge that any future changes to your beneficiary(ies) will also require spousal consent if he/she is not designated. **If you are designating a beneficiary(ies) other than your legal spouse, your spouse's signature must be notarized in order for your designation to be valid.**

<p>I am the spouse of the participant named on the front of this card. I am voluntarily waiving my right to any benefits otherwise due to me as the participant's spouse under the Plan so that benefits may instead be paid to the beneficiary(ies) listed on this form. I understand that my spouse cannot select different beneficiaries without my written consent.</p>	<p>Notary Stamp</p>
<p>_____ Signature of Spouse</p> <p>_____ Date</p>	<p>_____ Signature of Notary</p> <p>_____ Date</p>