



**PACIFIC COAST BENEFITS TRUST**  
**2323 EASTLAKE AVENUE EAST**  
**SEATTLE, WA 98102-3305**  
 (206) 926-2845 | TOLL FREE (866) 312-4594

**BENEFICIARY DESIGNATION FORM**

Participant			
First Name	Middle	Last Name	
Social Security Number		Date of Birth	Gender
Address		City	State
Employer		Local Union Number	
Home Phone	Cell Phone	Email Address	

Participant's Spouse	
Date of Marriage	Not Married (please initial)
First Name	Last Name
Social Security Number	Date of Birth
	Gender

If you (1) die before Retirement or Termination Benefits are to begin under the Pacific Coast Benefits Plan and (2) are married at the time of your death, then, notwithstanding this Beneficiary Designation, Death Benefits will be payable **only** to your surviving spouse.

If you fail (or are unable) to make a valid designation of a Beneficiary, or if no designated Beneficiary survives you, your Beneficiary will be the survivor(s) of the first surviving class among the following:

1. Surviving Spouse 2. Children 3. Parents 4. Siblings 5. Estate

You may make, change, or revoke the designation of your Beneficiary at any time. To be effective the designation, change, or revocation must be made in writing on the proper form and must be received by the Trustees before your death. This Beneficiary designation cancels any previous designation you have made.

In the space provided below, you may designate any person or your estate your Beneficiary. If more than one Beneficiary is named, check one of the following two boxes:

- I request that any Death Benefits be paid in equal shares to the Beneficiaries listed.
- I request that any Death Benefits be paid to the first Beneficiary named below who survives me.
- Check this box if you wish any Death Benefits to be paid only to your estate. (No Beneficiaries are named below.)

Beneficiary 1				
First	Middle	Last		Social Security Number
Address				Relationship
City	State	Zip Code		Gender
				Date of Birth

Beneficiary 2				
First	Middle	Last		Social Security Number
Address				Relationship
City	State	Zip Code		Gender
				Date of Birth

Beneficiary 3				
First	Middle	Last		Social Security Number
Address				Relationship
City	State	Zip Code		Gender
				Date of Birth

**Date:** \_\_\_\_\_ **Participant's Signature:** \_\_\_\_\_