



# Airconditioning and Refrigeration Industry Joint Trust Funds

3500 W. ORANGEWOOD AVE. ORANGE, CA 92868

PHONE (714) 917-6100 • FAX (714) 917-6065

## DESIGNATION OF BENEFICIARY

### INSTRUCTIONS:

1. Please complete this form and submit the original to the Trust Office.
2. If you are married and designate someone other than your spouse, he or she must consent to your designation.
3. See the Notes section on the last page for further information.

Member Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

SSN: \_\_\_\_\_

Marital Status (see Summary Plan Description for definition of "legal marriage"):

Married

Single

Divorced

Please apply this form to the following Trust(s) (you may specify this form to apply to one or more Trusts):

Health & Welfare Trust

Defined Contribution Trust

Pension Trust

Primary Beneficiaries (the total of all designated Primary Beneficiaries must be 100%. See Note 1):

NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP	PERCENTAGE
				%
				%
				%
				%
				%
				%
				%
				%

I choose to have the share(s) of all predeceased Primary Beneficiaries allocated **equally** among the remaining Primary Beneficiaries. (see Note 2)

**Contingent Beneficiaries (see Note 3):**

I choose to have the share(s) of all predeceased Primary Beneficiaries allocated as follows:  
(See Note 4)

NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP	PERCENTAGE
				%
				%
				%
				%
				%
				%
				%
				%

\_\_\_\_\_  
**Member Signature**

\_\_\_\_\_  
**Date**

I consent to the above designation.

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

\_\_\_\_\_  
**Date**

WITNESS

\_\_\_\_\_  
**Trust Office Personnel**

\_\_\_\_\_  
**Date**

or  Notarial Jurat Attached

**PLEASE PRINT SIGN AND MAIL THIS FORM TO:**  
ACR JOINT TRUST FUNDS  
3500 W. ORANGEWOOD AVENUE  
ORANGE, CALIFORNIA 92868

**NOTES**

1. If you are legally married and designate less than 100% to your spouse, he/she must consent by signing this form; your spouse's signature **must** be either witnessed by Trust Office personnel or notarized.
2. Check this box if you want the portion of a predeceased beneficiary allocated equally among the surviving Primary Beneficiaries. See the table below for an example of how this choice would work if Beneficiary B were to predecease you. If you check this box, you do **not** need to complete the Contingent Beneficiary table.

<b>Beneficiary</b>	<b>Original Share</b>	<b>Allocated Share</b>	<b>Total Share</b>
A	50%	12.5%	62.5%
B	25%		
C	25%	12.5%	37.5%

3. Contingent Beneficiaries are those that will receive your death benefits if one or more of the Primary Beneficiaries predecease you. You should designate Contingent Beneficiaries even if you are married and your spouse is the primary beneficiary of 100% of your death benefits.
4. Check this box if you want to specify exactly how the portion of a predeceased beneficiary's share will be allocated. You must then specify in the Contingent Beneficiary table the names and total share to be allocated to each contingent beneficiary. The total share must equal 100%. **If a Contingent Beneficiary is predeceased, his/her share will be allocated equally among the surviving Contingent Beneficiaries.**