

INTERMOUNTAIN IRONWORKERS PENSION TRUST FUND
COMPUSYS OF UTAH, INC.
P.O. BOX 30124 SALT LAKE CITY, UTAH 84130-0124

PRE-RETIREMENT BENEFICIARY DESIGNATION FORM

Name of Member

Social Security Number

Instructions: Under the Intermountain Ironworkers Pension Trust ("Pension Plan"), if you die prior to your Annuity Starting Date (that is, the date as of which you begin receiving retirement benefits under the Pension Plan) your Beneficiary may be entitled to receive certain death benefits. Use this form to designate your Beneficiary for purposes of these benefits and return it to the Administrative Office at the above address.

Note that if you are vested and married for at least one year at the time of your death, a Pre-Retirement Surviving Spouse Pension is generally payable to your Surviving Spouse and you cannot designate another Beneficiary to receive this benefit. If you are not vested, or are unmarried or married less than a year at the time of your death, you can name a Beneficiary below to receive any other applicable death benefits that may be payable if you die prior to your Annuity Starting Date. However, if you are married, your Spouse's consent is required to designate a Beneficiary other than your Spouse. See the Summary Plan Description for additional detail on the Pension Plan's death benefits and Beneficiary designation rules.

PARTICIPANT ATTESTATION

I hereby designate the following person(s) as my Beneficiary to receive any payment(s), other than the Pre-Retirement Surviving Spouse Pension, under the Pension Plan that may be due in the event of my death prior to my Annuity Starting Date.

I understand any Beneficiary so designated may be changed, cancelled, or revoked at any time or from time to time during my lifetime. I understand that if I am married and the Beneficiary designated is not my Spouse, my Spouse **MUST** consent to such designation by signing below before a Notary Public.

My last written Beneficiary Designation received at the Administrative Office of the Pension Plan shall be controlling over any other designation; provided however, that no Beneficiary Designation or change or cancellation thereof shall be effective unless received at the Administrative Office prior to my death.

I am: single legally married divorced (provide copy of Divorce Decree)

Primary Beneficiary(ies):

Name

Name

Social Security Number

Birth Date

Social Security Number

Birth Date

Street Address

Street Address

City

State

Zip Code

City

State

Zip Code

Relationship

Percent

Relationship

Percent

Secondary Beneficiary(ies):

_____			_____		
Name			Name		
_____			_____		
Social Security Number		Birth Date	Social Security Number		Birth Date
_____			_____		
Street Address			Street Address		
_____			_____		
City	State	Zip Code	City	State	Zip Code
_____			_____		
Relationship		Percent	Relationship		Percent

Note: Benefits are only payable to a Secondary Beneficiary if there is no surviving Primary Beneficiary at the time of your death. Also, if you name more than one Primary Beneficiary (or, more than one Secondary Beneficiary in the event benefits are payable to your Secondary Beneficiary), but do not specify a percentage each is entitled to receive upon your death, then any amount payable will be divided equally between your surviving Primary Beneficiaries (or Secondary Beneficiary(ies) as appropriate).

Participant's Name

Participant's Signature

Date

SPOUSAL CONSENT

I am the Spouse of the Participant. I understand that if my spouse dies before he or she begins receiving retirement benefits, I may be entitled to certain death benefits under the Pension Plan. I hereby consent to the designation of the Beneficiary(ies) stated above for payment of any and all such death benefits, other than the Pre-Retirement Surviving Spouse Annuity, which cannot be waived prior to the Participant's death. I understand that the effect of this consent is that the entire death benefit that may have been payable to me (other than the Pre-Retirement Surviving Spouse Annuity) will instead be paid to the Beneficiary designated above. I also understand that my spouse cannot select a different beneficiary unless I agree to the change, and that my consent is irrevocable.

Spouse's Name

Spouse's Signature

Date

On this ____ Day of _____, _____, personally appeared before me _____, the above-named spouse, and on the basis of satisfactory evidence, proved to me to be such person and acknowledged that he/she executed the foregoing consent and waiver.

Witness my hand and official seal.

NOTARY PUBLIC _____ Residing In: _____

(seal)