

INTERMOUNTAIN IRONWORKER'S TRUST FUND

Pension
Health and Welfare
Tax Deferral

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Tax Deferral Plan – Designation of Beneficiary Form

PRIMARY BENEFICIARY	<p>Section A: Designation of Beneficiary – Type or print clearly in ink.</p> <p>Disclosure of Requirement for Spousal Consent: If you are married at the date of your death and you have any individual other than, or in addition to, your surviving spouse as your Primary Beneficiary under the Plan, your spouse must sign (or have signed) a Spousal Consent (see Section D of this form) and his/her signature must be (or have been) witnessed by a Notary Public. If your surviving spouse has not, or does not, consent to the payment of your death benefits to another Beneficiary, under the law, he/she will automatically be paid your death benefits.</p> <p>Subject to the provisions of the Plan, I request that any sum standing to my credit in my account through my participation in the Plan, which sum becomes payable by reason of my death, be paid to the following Primary Beneficiary:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">Name & Address of the Primary Beneficiary</td> <td style="width: 20%;">Related to me as</td> <td style="width: 40%;">Social Security Number</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Name & Address of the Primary Beneficiary	Related to me as	Social Security Number	_____	_____	_____	_____	_____	_____	_____	_____	_____
Name & Address of the Primary Beneficiary	Related to me as	Social Security Number											
_____	_____	_____											
_____	_____	_____											
_____	_____	_____											

CONTINGENT BENEFICIARY	<p>If the above named Primary Beneficiary is not living when payment of my account is to be made from the Plan, I request that payment be made to the following Contingent Beneficiary(ies):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">Name & Address of the Contingent Beneficiary</td> <td style="width: 20%;">Related to me as</td> <td style="width: 40%;">Social Security Number</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Name & Address of the Contingent Beneficiary	Related to me as	Social Security Number	_____	_____	_____	_____	_____	_____
Name & Address of the Contingent Beneficiary	Related to me as	Social Security Number								
_____	_____	_____								
_____	_____	_____								

SIGNATURE	<p>I hereby certify that the foregoing information is correct and I understand that any misstatement of fact or any subsequent change in my marital status may cause this designation of beneficiary to be ineffective. I understand that I can change my designation of beneficiary at any time by filing a new Designation of Beneficiary Form.</p> <p>Participant's Marital Status (Check one Box) <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced _____</p> <p style="text-align: right;">Date _____</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">_____</td> <td style="width: 33%;">_____</td> <td style="width: 33%;">_____</td> </tr> <tr> <td style="text-align: center;">Printed Name of Participant</td> <td style="text-align: center;">Signature of Participant</td> <td style="text-align: center;">Social Security Number</td> </tr> </table>	_____	_____	_____	Printed Name of Participant	Signature of Participant	Social Security Number
_____	_____	_____					
Printed Name of Participant	Signature of Participant	Social Security Number					

SPOUSAL CONSENT	<p>Section B: Spousal Consent – If you're married, and the beneficiary is NOT your spouse, you must have your spouse complete this section in front of a Notary.</p> <p>I, _____ being the spouse of the Plan participant whose signature appears above hereby consent to the designation made by my spouse to have his/her account under the Plan, which becomes payable by reason of his/her death, paid to the named beneficiary(ies) specified in this Designation of Beneficiary form. I hereby acknowledge that I understand (1) that the effect of such designation is to cause my spouse's account to be paid to a beneficiary other than me; (2) that each beneficiary designation is not valid unless I consent to it; and (3) that my consent is irrevocable unless my spouse revoked the beneficiary designation. Today's Date: _____</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">_____</td> <td style="width: 33%;">_____</td> <td style="width: 33%;">_____</td> </tr> <tr> <td style="text-align: center;">Printed Name of Participant</td> <td style="text-align: center;">Signature of Participant</td> <td style="text-align: center;">Social Security Number</td> </tr> </table> <p>Notary Public: State of _____ County of _____ Commission Expires _____</p> <p style="text-align: center;">Subscribed and sworn to before me, this _____ date of _____, 20____</p> <p style="text-align: center;">Signature of Notary _____</p>	_____	_____	_____	Printed Name of Participant	Signature of Participant	Social Security Number
_____	_____	_____					
Printed Name of Participant	Signature of Participant	Social Security Number					