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 UNITED
 ADMINISTRATIVE SERVICES
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**PACIFIC COAST ROOFERS
 PENSION PLAN ENROLLMENT AND
 DESIGNATION OF BENEFICIARY CARD**

Please return this form to:
 Pacific Coast Roofers Pension Plan
 P.O. Box 5057
 San Jose, CA 95150-5057

PARTICIPANT INFORMATION

LAST _____ FIRST _____ M.I. _____ SOCIAL SECURITY NO. _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

LOCAL NO. _____ Male Female Members' Signature _____ Date _____

MARRIAGE AND DEPENDENT INFORMATION

NAME _____ DATE OF BIRTH _____ SOC. SEC.# _____ RELATIONSHIP _____
 ADDRESS (IF DIFFERENT FROM YOU) _____

NAME _____ DATE OF BIRTH _____ SOC. SEC.# _____ RELATIONSHIP _____
 ADDRESS (IF DIFFERENT FROM YOU) _____

NAME _____ DATE OF BIRTH _____ SOC. SEC.# _____ RELATIONSHIP _____
 ADDRESS (IF DIFFERENT FROM YOU) _____

NAME _____ DATE OF BIRTH _____ SOC. SEC.# _____ RELATIONSHIP _____
 ADDRESS (IF DIFFERENT FROM YOU) _____

BENEFICIARY INFORMATION

Marital Status: Married Single Divorced Widowed

Primary Beneficiary or Beneficiaries:

Name(s)	Address(es)	Percentage	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please print full name - Example: Mary A. Doe. Example of contingent Beneficiaries is as follows:
 To my spouse, Mary A. Doe, if living. If not living, then to my surviving children, share and share alike.

Name(s)	Address(es)	Percentage	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Dated: _____, 20____

 (SIGNATURE OF PARTICIPANT)

Instructions: Mail this form to the Plan's Administrative Office (see address above). These beneficiary designations shall take effect only when received by the Plan's Administrative Office.

SPOUSE'S CONSENT

NOTE: Any designation of your spouse as beneficiary is automatically revoked upon entry of a final decree of dissolution, unless a qualified domestic relations order provides otherwise.

I, _____, swear that I am the spouse of _____

I hereby consent to my spouse's beneficiary designation. I understand that as a result of this consent, someone else will be entitled to receive more than one-half of the death benefits under the Plan.

Dated: _____, 20____

 (SIGNATURE OF THE SPOUSE)

Signature must be witnessed by a Plan Representative or by a notary public.

The above signature of _____ was witnessed this _____ day of _____, 20____

in the presence of: _____
 Signature Plan Representative _____ Print Name _____

OR USE NOTARY PUBLIC FORM ON NEXT PAGE