



American Federation of Musicians & Employers' Pension Fund

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Pre-retirement Death Benefit Beneficiary Designation Form

See page 2 for information and instructions. Complete all sections of this form and use the checklist on page 3 before sending the form to the Fund Office. This form is also available as a fillable form in the Participants section under Applications & Forms on the Fund's website. Enter all dates as mm/dd/yyyy.

Section 1 - YOUR PERSONAL INFORMATION

Form with fields: Last Name, First Name, MI; Gender; Social Security #; Mailing Address; Birth Date; Pension ID #; Phone #; Email Address; AFM Local #; Marital Status (Single, Married, Divorced, Legally Separated, Widowed)

Section 2 - YOUR SPOUSE'S PERSONAL INFORMATION

Form with fields: Last Name, First Name, MI; Social Security #; Date of Birth; Date Married; Gender

Section 3 - LEGALLY SEPARATED - Check this box if you choose to have the terms apply.

I am married, but legally separated and have a court order to that effect. I understand that my spouse is entitled to the Pre-retirement Death Benefit unless I check this box and, by checking this box, I am electing to waive the spousal benefit and instead elect to have the Pre-retirement Death Benefit paid to my Beneficiary(ies) designated on this form.

Section 4 - DESIGNATION OF BENEFICIARIES: Complete the primary and alternate Beneficiary personal information sections to designate or change a Beneficiary(ies). See instructions for additional detailed information.

Primary Beneficiary Personal Information

Table with 5 columns: Last Name, First Name, MI; Social Security #; Date of Birth; Relationship; % of benefit*

Alternate Beneficiary Personal Information

Table with 5 columns: Last Name, First Name, MI; Social Security #; Date of Birth; Relationship; % of benefit*

*The '% of benefit' must total 100% in each section. If it does not total 100% or you do not state the percentage to be paid, this form will be returned to you as incomplete and will be invalid until you complete it and return it to the Fund.

The information on this beneficiary form is true to the best of my knowledge. Except as noted above, it will remain in effect for the purposes stated in the instructions until I file another beneficiary form with the Fund Office (or as otherwise provided in the Plan). This designation supersedes all previous Pre-retirement Death Benefit Beneficiary Designations.

Your Signature _____ Date _____

If you choose to complete this form on-line, please print the completed form and return to the Fund Office. Your signature is required. The Fund cares about data security, including the security of your information while in transit to us.

Pre-retirement Death Benefit Beneficiary Designation Form - Instructions

General Instructions

The purpose of this form is for you to designate a Beneficiary for the Pre-retirement Death Benefit provided by the American Federation of Musicians and Employers' Pension Fund (the "Plan"). The Pre-retirement Death Benefit is payable if you die:

- after you are vested in your pension benefit and before your initial pension benefit begins, and
- after your initial pension benefit begins, but before you reach age 65. In this case, the Pre-retirement Death Benefit will be based only on the pension benefits (if any) that have not yet begun to be paid to you – that is, those benefits you earn after your initial pension benefit begins.

The Pre-retirement Death Benefit is the actuarial equivalent of 50% of your benefit (or, if your initial pension benefit has begun, 50% of the benefits you earn after your initial pension benefit begins but before age 65). It is payable in monthly payments over the life of your Beneficiary(ies) beginning no later than when you would have begun receiving retirement benefits from the Plan. If the present value of the death benefit does not exceed \$5,000 at the time of distribution, it will be paid as a lump sum.

If you are married on your date of death, your spouse will automatically be your only Beneficiary regardless of whom you designate in Section 4 (unless you are legally separated and Section 3 applies to you).

If you die after you begin to receive benefits, any survivor benefit payable with respect to those benefits (and the beneficiary) will be determined based on the elections that you made and on your marital status when your pension benefits began.

If the Fund Office does not have your complete Pre-retirement Death Benefit Beneficiary Designation Form (or there is no living designated primary or alternate Beneficiary) on the date of your death, no Pre-retirement Death Benefit will be payable unless you are married when you die.

Specific Instructions - Enter all dates as mm/dd/yyyy

Section 1: All participants should complete this section.

Section 2: Complete this section if you are married (even if legally separated).

Section 3: Complete this section only if you are legally separated (but not divorced) and you want to designate a Beneficiary other than your current spouse.

Section 4: All participants should complete this section. You should do so even if you are married in case your spouse pre-deceases you.

- You may designate up to 3 people (or if greater, the number of your children) as primary Beneficiaries. Additionally, you may designate up to 3 people (or if greater, the number of your children) as alternate Beneficiaries. Alternate Beneficiaries will receive the benefit *only* if your spouse, if applicable, and all primary Beneficiaries are deceased when the Pre-retirement benefit becomes payable. If additional space is required, an attachment sheet is acceptable, provided it is signed.
- If you name two or more primary Beneficiaries, the benefit amount due to those individuals who pre-decease you will be divided among the primary Beneficiary(ies) who survive you based on the pro rata percentage of benefit that you designate. If there are no surviving primary Beneficiary(ies) when you die and you have named two or more alternate Beneficiaries, the benefit amount due to those individuals who pre-decease you, will be divided among the alternate Beneficiary(ies) who survive you based on the pro rata percentage of benefit that you designate. An entity, such as a trust, an estate, or educational institution, cannot be designated as a Beneficiary.
- If you are designating a Beneficiary younger than age 18, you must provide the Fund with a complete Form to Name a Custodian for a Minor Beneficiary ("Minor's Custodian Form") or your designation will be invalid if the individual is under age 18 at your death. See page 4 for instructions and the Minor's Custodian Form.

Pre-retirement Death Benefit Beneficiary Designation Form - CHECKLIST

For your convenience we have included this checklist to help you make sure that you have completed all of the applicable sections of the Pre-retirement Death Benefit Beneficiary Designation Form and have included any other required documentation. If the Fund Office does not receive a complete Pre-retirement Death Benefit Beneficiary Designation Form along with any other required documents, your designation of a beneficiary will be invalid.

Have you:

- completed Section 1,
- if divorced, attached a copy of the divorce decree and property settlement agreement,
- if married (even if legally separated), completed Section 2,
- if legally separated, completed Section 3, if you wish to waive the spousal benefit, and attached a copy of the separation agreement,
- completed Section 4 naming both primary and alternate Beneficiaries,
- entered the % of benefit in the primary and alternate Beneficiaries sections, with a total of 100% in each section,
- if you designated any Beneficiary(ies) younger than age 18, attached a Form to Name a Custodian for a Minor Beneficiary of the Pre-retirement Death Benefit ("Minor's Custodian Form") (use separate forms for each such Beneficiary where the custodians differ – see page 4), and
- dated and signed the form.

Keep a copy of all form(s) for your records. The Fund Office will generally notify you within 30 days of receipt that your Pre-retirement Death Benefit Beneficiary Designation Form is either complete or that it is missing information. If you do not receive any communication within 30 days, you should follow up with the Fund Office, as this may mean that your form was not received. **Your designation of a beneficiary will not be effective until a completed beneficiary form is received. In addition, even if your completed beneficiary form is received, if you designated a minor as a Beneficiary and die before the minor reaches 18, your designation of that minor will be invalid if the Fund Office has not received your completed Minor's Custodian Form.**

Please remember to notify the Fund if:

- You or one of your beneficiaries has a name and/or address change,
- Your marital status changes due to marriage, divorce or spouse's death before you begin to receive your pension. Please provide the Fund with all official documents, such as a marriage or spouse's death certificate, or a copy of your complete court entered divorce decree including any property settlement reflecting the change to your marital status. **Note:** Any beneficiary designations you made before your change in marital status will remain in place until you change them and are not automatically affected by your change in marital status (however, as explained above, if you are married at your death, your beneficiary designations are disregarded and your spouse is automatically treated as your only Beneficiary),
- You become Legally Separated before you begin to receive your pension. In such case, please provide the Fund with a copy of the court entered Separation Agreement, and if you wish, check the box in Section 3 of the beneficiary form and change Beneficiary(ies), or
- A child is born to or adopted by you.

If you have questions or need assistance completing the Beneficiary Form and/or Minor's Custodian Form, please contact the Fund Office at 1-800-833-8065 and select the Pension Department option. You may also contact the Fund Office by the "Contact Us" on the Fund's website www.afm-epf.org.

The Beneficiary Designation Form, Minor's Custodian Form and the Summary Plan Description are available on the Fund's website at www.afm-epf.org or by written request to the Fund Office. The Summary Plan Description contains additional information.



American Federation of Musicians & Employers' Pension Fund
**Form to Name a Custodian for a Minor Beneficiary of the
 Pre-retirement Death Benefit**

Instructions

The Fund does not pay survivor benefits directly to a Beneficiary under the age of 18 ("minor"). Instead, the Fund will pay any survivor benefit for a minor to the custodian of a properly structured custodial account under the Uniform Transfer to Minors Act ("UTMA") in the state where the minor resides or in New York State. Each state has different regulations regarding this type of account. We recommend that you consult your financial advisor or a financial institution for more information concerning an UTMA account before you take any action.

To designate a minor as your primary or alternate Beneficiary, in addition to completing the Pre-retirement Death Benefit Beneficiary Designation Form designating the minor as your Beneficiary, you must also complete this Form to Name a Custodian for a Minor Beneficiary of the Pre-retirement Death Benefit (the "Minor's Custodian Form"). **If you die before the minor that you have designated on the Pre-retirement Death Benefit Beneficiary Designation Form reaches age 18, your designation of that minor will not be valid unless the Fund Office has received your completed Minor's Custodian Form.** You can use the same Minor's Custodian Form for multiple minors as long as the custodian is the same. This form is also available as a fillable form in the Participants section under Applications & Forms on the Fund's website at www.afm-epf.org or by request to the Fund Office.

If you have any questions on how to complete this form, please contact the Fund Office at (800) 833-8065 and select the option to be connected to the Pension Department. You may also contact the Fund Office by the "Contact Us" on the Fund's website www.afm-epf.org.

I, _____, Pension ID _____, hereby elect that, until my minor Beneficiary reaches age 18 (at which time he or she will receive all payments that may become due directly), all payments that may become due to such Beneficiary shall be paid to:

| | |
|--|--------------------------------------|
| Custodian's Last Name, First Name, MI | Custodian's Social Security # |
| | |
| Custodian's Mailing Address | |
| | |

as custodian for : _____ under the New York
Insert Name of Minor
 UTMA, or _____ UTMA.
Enter the state

Alternately, in the event that the custodian named above does not survive until the minor Beneficiary reaches age 18, I hereby designate as the alternate custodian:

| | |
|--|--|
| Alternate Custodian's Last Name, First Name, MI | Alternate Custodian's Social Security # |
| | |
| Alternate Custodian's Mailing Address | |
| | |

as custodian for : _____ under the New York
Insert Name of Minor
 UTMA, or _____ UTMA.
Enter the state

 Sign here

 Date