

**MOSAIC & TERRAZZO WELFARE FUND**

**MUST BE FILLED IN WITH INK**

Full Name (Please Print) \_\_\_\_\_  
 Address (Please Print) \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ • \_\_\_\_\_ • \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Date of Initiation \_\_\_\_\_ Union Book No. \_\_\_\_\_  
 Date of Marriage \_\_\_\_\_ Check One Box: Single  Married  Widowed   
 Divorced  Legally Separated  Name of Beneficiary \_\_\_\_\_  
 List below name of wife and unmarried dependent children.

FULL NAME	WIFE	SON	DAUGHTER	MONTH	DAY	YEAR

If you need more space to list all dependent children, continue on back.

Date \_\_\_\_\_ Signature \_\_\_\_\_ (Do Not Print) 

**MOSAIC & TERRAZZO PENSION & ANNUITY FUNDS**

Name \_\_\_\_\_  
 Address: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_

CHECK ONE:  SINGLE  MARRIED  WIDOWED  DIVORCED  LEGALLY SEPARATED

IF YOU ARE MARRIED AND WISH TO DESIGNATE A BENEFICIARY OF YOUR ANNUITY FUND BENEFITS OTHER THAN YOUR SPOUSE, PLEASE CAREFULLY READ THE SECOND PARAGRAPH HEREIN BELOW.

I, the undersigned participant of the Mosaic & Terrazzo Pension Annuity Fund hereby authorize and direct the Trustees of said Fund to pay the entire amount of annuity benefits, if any, which may be payable upon my death to the beneficiary or beneficiaries named on the reverse side of this card.  
 I UNDERSTAND FURTHER, THAT IF I HAVE A SPOUSE AND SUCH SPOUSE IS NOT THE DESIGNATED BENEFICIARY FOR THE ENTIRE DEATH BENEFIT THEN THE LAW AND/OR PROVISIONS OF THE PLAN MAY SUPERSEDE MY DESIGNATION UNLESS MY SPOUSE CONSENTS TO THE DESIGNATION BY NOTARIZED SIGNATURE WHERE INDICATED ON THE REVERSE SIDE OF THIS SIDE.  
 I understand that by my participation in the program of the Mosaic Terrazzo Annuity Fund & Pension Fund any death benefit payable under such program shall be payable to the beneficiary named by me on the reverse side of this card if such designation is not contrary to the law and/or the provisions of the Plan. I further understand that the beneficiary designation made by me, may be changed by me at any time if such change is not contrary to law and/or the provisions of the Plan and such change is effected in the form and manner described by said Trustees.  
 I understand that if more than one beneficiary is named, the death benefits, unless otherwise provided herein or on the reverse side hereof, will be paid in equal shares to the designated beneficiaries who survive the employee. If no such beneficiary survives, payment will be made in accordance with rules adopted by the Trustees.

Date \_\_\_\_\_ Member's Signature \_\_\_\_\_ (Please sign in ink) (Do not Print)

Witness \_\_\_\_\_ Address \_\_\_\_\_  
 (Other than named beneficiary) (OVER - PLEASE COMPLETE REVERSE SIDE)



IF YOU ARE MARRIED, DO NOT ENTER A BENEFICIARY OTHER THAN YOUR SPOUSE UNLESS YOUR SPOUSE HAS SIGNED THE CONSENT HEREIN BELOW AND HER SIGNATURE HAS BEEN NOTARIZED.

NAME & ADDRESS OF BENEFICIARY (Please Print in Ink)	RELATIONSHIP	SOCIAL SECURITY NO.

If the share to be paid to the beneficiaries are not indicated above, each surviving beneficiary shall share equally. IF YOU ARE MARRIED AND YOU DESIGNATE A BENEFICIARY OTHER THAN YOUR SPOUSE TO RECEIVE A PART OF ALL OF YOUR ANNUITY FUND DEATH BENEFITS, YOUR SPOUSE MUST SIGN BELOW AND YOUR SPOUSE'S SIGNATURE MUST BE NOTARIZED.

I am the spouse of the Annuity Fund Participant whose name appears on the reverse side of this card and hereby consent to the designation made by my spouse of the beneficiary (beneficiaries) other than me named hereinabove.

Date \_\_\_\_\_ Signature of Spouse \_\_\_\_\_ (Please sign in ink)

STATE OF NEW YORK )  
 COUNTY OF )

SS:  
 SS:

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ before me personally came

\_\_\_\_\_ to me known and known to me to be the individual described in and who executed the foregoing Waiver of Beneficiary Designation and acknowledged to me that he (she) executed the same.

Notary Public

COMPLETE AND SIGN OTHER SIDE. RETURN THIS CARD TO THE FUND OFFICE.