

**MEMBER'S RECORD CARD**  
**THE MEMBERS RETIREMENT PLAN (TMRP)**

PRINT IN INK. SEE ADDITIONAL INFORMATION ON REVERSE

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER (SSN) \_\_\_\_\_ LOCAL NO. \_\_\_\_\_  
 HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_ BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX \_\_\_\_  MARRIED  SINGLE  
 MONTH DAY YEAR  
 SPOUSE'S NAME \_\_\_\_\_ SPOUSE'S BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ SPOUSE'S SSN \_\_\_\_\_  
 MONTH DAY YEAR

**DESIGNATION OF BENEFICIARY:** I hereby designate the following named beneficiary(ies) to receive any moneys payable in the event of my death under the TMRP, including all merged funds. If more than one beneficiary is named below, any moneys payable will be distributed in equal shares between or among them unless I indicate a percentage to be payable to each. To designate a **SUCCESSIVE** beneficiary (a beneficiary to receive moneys if the primary beneficiary(ies) is deceased), you must list them under **SUCCESSIVE BENEFICIARIES**. If you need more space to add additional beneficiaries, use a 2nd Member Record Card and mark "CARD 2".

PRIMARY BENEFICIARY(IES). ***IF YOU INTEND FOR YOUR SPOUSE TO BE A PRIMARY BENEFICIARY HE/SHE MUST BE LISTED HERE***				
NAME OF BENEFICIARY	ADDRESS	PHONE NUMBER	RELATIONSHIP TO YOU	SHARE TO BE PAID (TOTAL MUST = 100%)
SUCCESSIVE BENEFICIARY(IES). IF NO BENEFICIARY NAMED ABOVE IS LIVING, YOU NAME THE FOLLOWING BENEFICIARY				
NAME OF BENEFICIARY	ADDRESS	PHONE NUMBER	RELATIONSHIP TO YOU	SHARE TO BE PAID (TOTAL MUST = 100%)

I have read this entire Designation of Beneficiary form (including the reverse side) and understand that it is legally binding unless/until it is modified or revoked by me.

**SIGNATURE OF MEMBER:** (USE INK-DO NOT PRINT) \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE OF WITNESS:** \_\_\_\_\_ **PRINT WITNESS' NAME** \_\_\_\_\_



\*\*\*NO PERSON NAMED ABOVE AS A BENEFICIARY MAY WITNESS THIS FORM. IF A BENEFICIARY WITNESSES THE FORM IT WILL BE VOID\*\*\*

**INSTRUCTIONS:** The Designation of Beneficiary is a legal document designating the beneficiary(ies) to whom the TMRP will pay any Death Benefit that becomes due on a Member's behalf. The Form **MUST BEAR YOUR SIGNATURE AND THE SIGNATURE OF A WITNESS (who is not a listed beneficiary)**. **INCOMPLETE SIGNATURES WILL RENDER THIS FORM INVALID.**

**Primary Beneficiary(ies):** To designate a single, primary beneficiary, clearly list the person's full name, full address, and your relationship, and indicate 100% under "Share to be paid" after their name. If your spouse is your primary beneficiary, he or she must be listed. If you want to name two or more primary beneficiaries to share any Death Benefit, clearly list each person's full name, full address, and your relationship. After each name indicate the percentage or fraction each beneficiary is to receive. Do not insert a dollar amount. The total of the shares payable must equal 100%.

**Successive Beneficiary(ies):** Name a successive beneficiary if you want to designate beneficiary(ies) in the event of the death of all of your primary beneficiaries. List your successive beneficiary(ies) in the same manner as you listed your primary beneficiaries.

IF YOU NEED MORE SPACE TO ADD ADDITIONAL BENEFICIARIES, USE A 2<sup>nd</sup> MEMBER RECORD CARD AND MARK "CARD 2"

**THE DESIGNATION OF BENEFICIARY ON THE REVERSE SIDE OF THIS FORM IS LEGALLY BINDING AND SHALL REMAIN IN EFFECT UNLESS AND UNTIL IT IS MODIFIED OR REVOKED BY THE MEMBER IN THE FORM AND MANNER PRESCRIBED BY THE TMRP TRUSTEES. IN THE EVENT THAT NO BENEFICIARY HAS BEEN DESIGNATED BY THE MEMBER IN THE MANNER PRESCRIBED BY THE TRUSTEES, OR IN THE EVENT THE BENEFICIARY(IES) SO DESIGNATED PREDECEASES THE MEMBER OR CANNOT BE LOCATED, ANY MONIES OWING WILL BE PAID TO 1) THE SURVIVING SPOUSE OR, IF THERE IS NONE 2) THE CHILDREN IN EQUAL PARTS *PER STIRPES*, OR, IF THERE ARE NONE SURVIVING, 3) THE FATHER OR MOTHER, OR, IF THERE ARE NONE SURVIVING, THE MEMBER'S ESTATE.**

---

**DO NOT WRITE IN THIS SPACE – FOR TMRP PLAN OFFICE USE ONLY**

**DATE MEMBER RECORD CARD RECEIVED:** \_\_\_\_\_

**DATE JOINED:** \_\_\_\_\_