

Beneficiary Form

National Organizers Alliance Retirement Pension Plan

Please return this form to NOA, 2307 Martin Luther King Jr Ave SE, Washington, DC 20020, Attn: Leah McKenzie.

NAME OF PARTICIPANT _____			
ADDRESS _____			
CITY _____	STATE _____	ZIP _____	DATE OF BIRTH _____
HOME TELEPHONE _____	SOCIAL SECURITY NUMBER _____	EMAIL _____	

Current Marital Status

- I Am Not Married I understand that if I become married in the future, my spouse will be my Primary Beneficiary unless I complete a new Designation of Beneficiary form and my spouse consents to my designation.
- I Am Married I understand that my spouse will be my Primary Beneficiary. However, I understand I may designate a Primary Beneficiary other than my spouse on the space below if my spouse signs the section below entitled "Consent of Spouse."

Designation Of Beneficiary(ies)

The following individual(s) will be my beneficiary(ies). Please check Primary or Contingent for each individual beneficiary. If neither is checked, the individual will be deemed to be a primary beneficiary. If any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs will terminate completely, and the percentage share of any remaining beneficiary(ies) will be increased on a pro-rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) will acquire the designated share of my Qualified Plan balance.

<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent	<input type="checkbox"/> Primary	<input type="checkbox"/> Contingent
Name _____	Name _____	Name _____	Name _____
Address _____	Address _____	Address _____	Address _____
Social Security No. _____	Social Security No. _____	Social Security No. _____	Social Security No. _____
Date of Birth _____	Share % _____	Date of Birth _____	Share % _____
Relationship _____	Relationship _____	Relationship _____	Relationship _____

Consent Of Spouse If Non-Spouse Beneficiary(ies) are named as Primary Beneficiaries

I am the spouse of the participant named above. I hereby consent to the above designation of beneficiary. I understand that if anyone other than me is designated as Primary Beneficiary on this form, I am waiving any rights I may have to receive benefits under the plan when my spouse dies.

PARTICIPANT'S SPOUSE SIGNATURE _____ Date _____

Witness Of Spouse's Consent The signature of the spouse must be witnessed by a notary public.

Witness: Notary Public Subscribed and sworn to before me on this _____ day of _____, ____ (year)
Signature _____

Participant Signature

PARTICIPANT SIGNATURE _____ DATE _____