AFTRA RETIREMENT FUND
DESIGNATION OF BENEFICIARY FORM

PRE-RETIREMENT SURVIVOR BENEFITS

Use this form to name a beneficiary for survivor benefits payable in the event you die before you have begun receiving your vested retirement benefit. You do not need to submit a Designation of Beneficiary Form naming your spouse. **If you are married at the time of your death, your spouse is automatically your beneficiary whether or not you submitted a beneficiary form naming your spouse**. Note that if you designate your spouse as the beneficiary of your Retirement Plan benefit in writing and you subsequently divorce, your divorce does not automatically revoke that written designation. If you remarry after a divorce, your new spouse is automatically your beneficiary, even if you had named your prior spouse as beneficiary. You must complete and submit a new Designation of Beneficiary Form if you wish to change your beneficiary before retirement. If you are married and wish to name a beneficiary other than your spouse, your spouse must provide written, notarized consent.

POST-RETIREMENT SURVIVOR BENEFITS

If you are currently receiving your retirement benefit from the AFTRA Retirement Fund, do not complete this form unless you elected the Five-Year Certain and Life Annuity and it has been less than five years since you began receiving your benefit. If you elected a Joint and Survivor or Pop Up payment option, you cannot change the beneficiary that you named at retirement. If you elected a Life Annuity, no benefits are payable in the event of your death.

HEALTH PLAN BENEFICIARY

If you participate in both the AFTRA Retirement Plan and the SAG-AFTRA Health Plan, the designation of a beneficiary for the AFTRA Retirement Plan is separate from the designation of a beneficiary for the SAG-AFTRA Health Plan. Although you may designate the same person for the death benefits payable under both plans, you must complete separate forms.

ADDITIONAL INFORMATION

For information about how your death benefit may be paid, refer to the "Survivor Benefit" section of the AFTRA Retirement Plan SPD, which can be found at *www.aftraretirement.org* ("Retirement Fund" | "Retirement Plan SPD").

Please complete and return this form by email, fax or mail to:

Email



PensionHelp@sagaftraplans.org

Fax



Fax: (818) 953-9880

Mail



SAG-Producers Pension Plan
P.O. Box 7830
Burbank, CA 91510-7830

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PARTICIPANT INFORMATION

Social Security No. _____ Date of Birth (MM/DD/YYYY) _____

Legal Name

Last Name _____ First Name _____ Middle Name _____

Professional name (if different from legal name)

Last Name _____ First Name _____ Middle Name _____

Address _____

Email Address _____ Phone No. _____

BENEFICIARY DESIGNATION

Primary Beneficiary(ies): I designate the following as Primary Beneficiary(ies). If more than one is designated, each surviving Primary Beneficiary shall share in the proportion indicated. Total shares designated must total 100%.

Last Name _____ First Name _____ Middle Name _____

Social Security No. _____ Date of Birth (MM/DD/YYYY) _____ Relationship _____

Address _____ Percentage Share _____

_____

Email Address _____ Phone No. _____

Last Name _____ First Name _____ Middle Name _____

Social Security No. _____ Date of Birth (MM/DD/YYYY) _____ Relationship _____

Address _____ Percentage Share _____

_____

Email Address _____ Phone No. _____

Additional Primary Beneficiary(ies)

❑ Check box if applicable and list information on a separate sheet of paper and attach to this form.

Alternate Beneficiary(ies): I designate the following as Alternate Beneficiary(ies). Alternate Beneficiaries are only entitled to benefits if all primary beneficiaries are deceased when benefits are payable. If more than one is designated, each surviving Alternate Beneficiary shall share in the proportion indicated. Total shares designated must total 100%.

Last Name _____ First Name _____ Middle Name _____

Social Security No. _____ Date of Birth (MM/DD/YYYY) _____ Relationship _____

Address _____ Percentage Share _____

_____

Email Address _____ Phone No. _____

Last Name _____ First Name _____ Middle Name _____

Social Security No. _____ Date of Birth (MM/DD/YYYY) _____ Relationship _____

Address _____ Percentage Share _____

_____

Email Address _____ Phone No. _____

Additional Alternate Beneficiary(ies) ❑ Check box if applicable and list information on a separate sheet of paper and attach to this form.

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CONSENT OF PARTICIPANT'S SPOUSE

Spousal consent is required if the participant is married and has not designated his or her spouse as the sole beneficiary.

Spousal Consent: I hereby consent to the above-named beneficiary(ies), as designated by my spouse.

Spouse's Legal Name (print)

Last Name _____ First Name _____ Middle Name _____

Spouse's Signature _____ Date _____

Signature of Notary Public _____ Date _____

Notary Stamp/Seal _____

SIGNATURE OF PARTICIPANT AND NOTARY PUBLIC (REQUIRED)

The beneficiary designation will be invalid without the dated signature of both the participant and a notary public.

Signature of Participant _____ Date _____

Signature of Notary Public _____ Date _____

Notary Stamp/Seal _____