

**GREATER KANSAS CITY LABORERS PENSION PLAN**PO Box 909500, Kansas City, MO 64190  
816-381-5727 or Toll Free 833-990-9500

|                     |     |      |                                  |                                   |                                 |                     |                    |  |
|---------------------|-----|------|----------------------------------|-----------------------------------|---------------------------------|---------------------|--------------------|--|
| Last Name           |     |      | First Name in Full               |                                   |                                 | Middle Name in Full |                    |  |
| Home Address        |     |      |                                  | City and State                    |                                 |                     | Zip Code           |  |
| Social Security No. |     |      | Local Number                     |                                   | Cell Phone No.                  |                     | Home Telephone No. |  |
| Date of Birth       |     |      | Marital Status                   |                                   | Sex                             |                     | Email Address      |  |
| Month               | Day | Year | <input type="checkbox"/> Married | <input type="checkbox"/> Divorced | <input type="checkbox"/> Male   |                     |                    |  |
|                     |     |      | <input type="checkbox"/> Single  | <input type="checkbox"/> Widowed  | <input type="checkbox"/> Female |                     |                    |  |

Please complete the back of this card to designate your beneficiary(ies.) Beneficiary designations may be changed by filing a new designation. No designation shall be effective unless filed with the Fund Administrator. **If you are designating a beneficiary(ies) other than your legal spouse, your spouse's signature must be notarized or witnessed by a Plan Representative in order for your designation to be valid.**

|           |       |
|-----------|-------|
| <hr/>     | <hr/> |
| Signature | Date  |

PENSION BENEFICIARIES

| Name | Social Security No. | Address | Date of Birth |     |      |
|------|---------------------|---------|---------------|-----|------|
|      |                     |         | Month         | Day | Year |
|      |                     |         |               |     |      |
|      |                     |         |               |     |      |
|      |                     |         |               |     |      |
|      |                     |         |               |     |      |
|      |                     |         |               |     |      |

If you are married and have NOT elected your spouse as beneficiary, your spouse must sign this form. By submitting this form, you acknowledge that any future changes to your beneficiary(ies) will also require spousal consent if he/she is not designated.

**If you are designating a beneficiary(ies) other than your legal spouse, your spouse's signature must be notarized or witnessed by a Plan Representative in order for your designation to be valid.**

I am the spouse of the participant named on the front of this card. I am voluntarily waiving my right to any benefits otherwise due to me as the participant's spouse under the Plan so that benefits may instead be paid to the beneficiary(ies) listed on this form. I understand that my spouse cannot select different beneficiaries without my written consent.

\_\_\_\_\_ Signature of Spouse \_\_\_\_\_ Date

\_\_\_\_\_ Signature of Notary or Plan Representative \_\_\_\_\_ Date