SAG Producers

## www.sagaftraplans.org/sag-pension

## **DESIGNATION OF BENEFICIARIES FORM**

Use this form to designate the beneficiaries of your SAG-Producers Pension Plan (Plan) benefits in the event of your death. You may choose anyone to be your beneficiary, and you may change your designation(s) at any time prior to commencing your benefit, unless you initiated your pension benefits and elected either the Five- or Ten-Year Certain payment option. This is a confidential legal document, which the participant or legal guardian of the participant must sign. Completed forms can be sent to pensionhelp@sagaftraplans.org.

## **SECTION I: PERSONAL INFORMATION**

Social Security No		Date of Birth		
Last Name		First Name	Middle Name	
	SECTION	II: PRIMARY BENEFICIARY(IES)		
		nnot list yourself as a beneficiary. Be sure Beneficiaries, you may submit their inform	to indicate the percentage to be paid to each ation on a separate sheet of paper.	
Name		Relationship	% of Benefit	
SSN	Phone	Email		
Address				
Name		Relationship	% of Benefit	
SSN	Phone	Email		
Address				
	SECTION I	II: SECONDARY BENEFICIARY(IE	S)	
beneficiaries and one of the	m dies, the surviving Prin	· · · · · · · · · · · · · · · · · · ·	ased. For example, if you name two primary benefit. If you wish to elect more than two	
Name		Relationship	% of Benefit	
SSN	Phone	Email		
Address				
Name		Relationship	% of Benefit	
SSN	Phone	Email		
Address				
	SECTIO	N IV: SIGNATURE OF CONSENT		

This is a confidential, legal document, which the participant or legal guardian of the participant must sign. I understand that if I am legally married for at least 12 months, my surviving spouse will automatically receive the "50% Joint and Survivor Pension" if I am to die before retirement and am vested – even if I elect someone else other than my spouse. **Electronic signatures are not accepted.**