



Health & Welfare Trust Beneficiary Form

Employer Name: _____

Employee Name: _____

A. Primary Beneficiary Designation (Please sign below)

I direct that the specified percentage of any Termination Benefit due to my death payable under the Plan shall be paid to the following person(s) as my Primary Beneficiary(ies):

_____	_____	_____	_____	_____ %
Name	Social Security #	Address	Relationship	
_____	_____	_____	_____	_____ %
Name	Social Security #	Address	Relationship	
_____	_____	_____	_____	_____ %
Name	Social Security #	Address	Relationship	

B. Contingent Beneficiary Designation (Please sign below)

If my spouse (or Primary Beneficiary) does not survive me and my Plan provides for a Termination Benefit due to my death to a Beneficiary other than my spouse, I designate that such amount shall be paid to the following person(s) as my Contingent Beneficiary(ies):

_____	_____	_____	_____	_____ %
Name	Social Security #	Address	Relationship	
_____	_____	_____	_____	_____ %
Name	Social Security #	Address	Relationship	
_____	_____	_____	_____	_____ %
Name	Social Security #	Address	Relationship	

If I have designated more than one Primary Beneficiary, the said amount(s) shall be equally divided among my Primary Beneficiaries who are living at the time of my death, unless I specify otherwise on this form. If, upon my death, there is no Primary Beneficiary living, and if I have named more than one Contingent Beneficiary, the said amount(s) shall be equally divided among my Contingent Beneficiaries who are living at the time of my death, unless I specify otherwise on this form. The execution of this form and delivery thereof to the Plan Administrator revokes all prior designations of Beneficiaries that I may have made.

TERMS AND CONDITIONS OF ELECTIONS

By signing this Election Form, I acknowledge that I have read and understand the following terms and conditions of my Elections:

My elections as specified above are subject to the terms of the GMR Associates Employee Benefit Master Welfare Plan as adopted by Employer (the "Plan.")

I hereby certify that all information provided on this form is correct. I also understand that all information and Trust set-up parameters will remain unchanged unless I provide written notification to GMR Associates, Inc. notifying them of a change.

Signature: _____

Date: _____