

SUP WELFARE PLAN, INC.

730 HARRISON STREET, SUITE 415 * SAN FRANCISCO, CA 94107-1260

TELEPHONE (415) 778-5490 * FAX (415) 778-5495

Authorized Beneficiary Form for Active Members - Death Benefit

Part 1-Participant Information

Please check one: Initial Designation or Beneficiary Change

Participant's Name: _____ SSN: _____

Address: _____

Date of Birth: _____ Telephone: (____) _____

Read Carefully: No Death Benefit will be paid by the SUP Welfare Plan, Inc. unless the covered employee designates a beneficiary/beneficiaries on this form.

The covered employee may designate Primary and Secondary beneficiaries from the following list of relatives:

Spouse, children, mother, father, stepmother/father, sister, brother, half sister/brother, niece, nephew, aunt, uncle, grandmother/father, grandchildren, or a valid trust for the exclusive benefit of one or more of the foregoing.

Payment of any benefits is subject to and will be made in accordance with the terms and conditions of the SUP Welfare Plan, Inc., as amended, and the resolutions of the Board of Trustees, including applicable exclusions, and in accordance with a properly completed "Authorized Beneficiary Form for Active Members-Death Benefit" that is received by the SUP Welfare Plan, Inc. prior to the active member's death.

Please refer to page 28 of your Summary Plan Description Booklet for a complete description of the SUP Welfare Plan Death Benefit.

Part 2-Beneficiary Designation

If you name more than one person as a Primary beneficiary, each beneficiary will share equally in any payment from the Plan unless you specify different percentages for these beneficiaries. You can also name one or more persons as Secondary beneficiary(ies) to receive your Plan benefit if all Primary beneficiaries are deceased. Again, if you name more than one person, each Secondary beneficiary will share equally in the total amount payable unless you specify otherwise.

I understand that this designation revokes any prior designations of Primary AND Secondary beneficiaries I may have had. I also understand that I may change or update my beneficiary designation(s) by completing and submitting a new "Authorized Beneficiary Form for Active Members-Death Benefit" to the SUP Welfare Plan, Inc.

PLEASE NOTE: If you experience a significant life event, such as a marriage, divorce or birth of a new child, you may wish to change or update your "Authorized Beneficiary Form for Active Members-Death Benefit".

I name the following beneficiary (ies) for the SUP Welfare Plan Death Benefit:

(Additional Primary and Secondary beneficiaries may be entered on the reverse side, if necessary.)

Primary Designation	Secondary Designation (if Primary Designation deceased)
Name: _____	Name: _____
Address: _____	Address: _____
Date of Birth: _____	Date of Birth: _____
SSN: _____	SSN: _____
Relationship: _____	Relationship: _____
Percentage of Benefit: _____ %	Percentage of Benefit: _____ %

By my signature below, I attest that I have read and understood this "Authorized Beneficiary Form for Active Members-Death Benefit" and to the designation of the named beneficiary(ies).

Part 3-Participant's Signature

Participant's Signature _____

Date _____

Additional Primary and Secondary Beneficiary Designations

<p align="center">Primary Designation</p> Name: _____ Address: _____ Date of Birth: _____ SSN: _____ Relationship: _____ Percentage of Benefit: _____%	<p align="center">Secondary Designation (if Primary Designation deceased)</p> Name: _____ Address: _____ Date of Birth: _____ SSN: _____ Relationship: _____ Percentage of Benefit: _____%
<p align="center">Primary Designation</p> Name: _____ Address: _____ Date of Birth: _____ SSN: _____ Relationship: _____ Percentage of Benefit: _____%	<p align="center">Secondary Designation (if Primary Designation deceased)</p> Name: _____ Address: _____ Date of Birth: _____ SSN: _____ Relationship: _____ Percentage of Benefit: _____%
<p align="center">Primary Designation</p> Name: _____ Address: _____ Date of Birth: _____ SSN: _____ Relationship: _____ Percentage of Benefit: _____%	<p align="center">Secondary Designation (if Primary Designation deceased)</p> Name: _____ Address: _____ Date of Birth: _____ SSN: _____ Relationship: _____ Percentage of Benefit: _____%
<p align="center">Primary Designation</p> Name: _____ Address: _____ Date of Birth: _____ SSN: _____ Relationship: _____ Percentage of Benefit: _____%	<p align="center">Secondary Designation (if Primary Designation deceased)</p> Name: _____ Address: _____ Date of Birth: _____ SSN: _____ Relationship: _____ Percentage of Benefit: _____%
<p align="center">Primary Designation</p> Name: _____ Address: _____ Date of Birth: _____ SSN: _____ Relationship: _____ Percentage of Benefit: _____%	<p align="center">Secondary Designation (if Primary Designation deceased)</p> Name: _____ Address: _____ Date of Birth: _____ SSN: _____ Relationship: _____ Percentage of Benefit: _____%
<p align="center">Primary Designation</p> Name: _____ Address: _____ Date of Birth: _____ SSN: _____ Relationship: _____ Percentage of Benefit: _____%	<p align="center">Secondary Designation (if Primary Designation deceased)</p> Name: _____ Address: _____ Date of Birth: _____ SSN: _____ Relationship: _____ Percentage of Benefit: _____%