

TEAMSTERS LOCAL 346 SAVINGS & 401(k) PLAN

2002 London Road – Suite 300, Duluth, MN 55812

Telephone (218) 728-4231 Fax (218) 728-4773

DESIGNATION OF BENEFICIARY

Complete this Designation of Beneficiary form and sign and date where indicated. Make a copy for your records, and return this form to the Fund office at: **Wilson-McShane Corporation, 2002 London Road – Suite 300, Duluth, MN 55812**. This Designation of Beneficiary is subject to the terms of the Plan, as it may be amended from time to time.

Participant Information

Participant Name _____ Social Security Number _____

Address _____

Date of Birth _____ Phone Number _____ Single Married Divorced (Date _____)

Email _____ Employer _____

Beneficiary Information

Beneficiary Name _____ Social Security Number _____

Address _____

Date of Birth _____ Phone Number _____ Relationship to Participant _____

Participant Signature

I hereby revoke any Designation of Beneficiary I may previously have made under the Plan and designate the above as my Beneficiary under the Plan. I understand that if I name someone other than my spouse as a Beneficiary, my spouse must consent and sign the bottom of this form in the presence of a Notary Public. If I am not married, I understand that if I become married in the future, my spouse is automatically my Beneficiary unless a new Designation of Beneficiary form is completed and the spousal consent is completed on the bottom of that form.

Signature of Participant _____ Date _____

If you are married and the above named beneficiary is not your spouse, the section below must be completed.

ALTERNATE BENEFICIARY CONSENT BY SPOUSE

I certify that I am the spouse of the Participant and understand that I have the right to all (or a portion if the Plan is subject to QJSA/ QPSA rules) of my spouse's vested account in the Plan after my spouse dies. I consent to give up my right to the account and allow my spouse to designate the beneficiary named above to receive such benefits in accordance with the terms of the Plan. I understand that any Plan benefits payable upon the death of the named Participant shall be payable to the beneficiary named in this Beneficiary Designation Form and not to myself, and I hereby consent to the designation and effect of this beneficiary designation.

Spouse's Name (print) _____ Signature of Spouse _____ Date _____

Subscribed and sworn to before me this day of _____, 20_____

Notary Public