

**ASBESTOS WORKERS LOCAL NO. 26
PENSION PLAN**

DEATH BENEFIT ELECTION FORM

An **UNMARRIED** participant may use this form to designate the person who will receive any death benefit payable under the Plan in the event he dies before he begins to receive benefits.

EXPLANATION

Any death benefit payable under the Plan if a **MARRIED** participant dies before beginning to receive Plan benefits must be paid to the participant's surviving spouse. An **UNMARRIED** participant may designate the person who will receive any death benefit payable in the event he dies before beginning to receive Plan benefits. However, if an unmarried participant designates a death beneficiary and then later marries, any pre-retirement death benefit payable must be paid to his surviving spouse.

If you are an unmarried participant, you may designate a "primary beneficiary" and, if you wish, a "secondary beneficiary" by completing the Beneficiary Designation on page 2, signing the Certification of Unmarried Status on page 3, and returning this entire Form to the Plan Office. *Please note that your signature for the Certification of Unmarried Status must be notarized.*

PRIMARY BENEFICIARY DESIGNATION: The "primary beneficiary" is the person(s) who will receive any death benefit payable under the Plan if he or she survives you.

SECONDARY BENEFICIARY DESIGNATION: The "secondary beneficiary" is the person(s) who will receive any death benefit payable under the Plan if he or she survives you **AND** the primary beneficiary you designate does NOT survive you.

After completing this Form, we advise you to make a photocopy of the entire Form for your records before returning the entire Form to the Plan Office at 4515 Culver Road, Suite 104, Rochester, New York 14622. **No Beneficiary Designation will be effective until the Form is filed with the Plan Office.** If you change your mind about any of the designations that you have made, you should complete a new form and return it to the Plan Office. You can request a new form from the Plan Office.

BENEFICIARY DESIGNATION

I have read and understand the explanation of my death benefit and I hereby designate the person(s) below to receive the benefit as indicated. By signing this Form, I hereby revoke all previous death benefit designations.

PRIMARY BENEFICIARY:

Name Address	Relationship	Percentage	Social Security No.

If I have designated more than one primary beneficiary, the benefit will be divided equally among the primary beneficiaries who survive me, unless I have specified different percentages. If one, but not all, of the primary beneficiaries designated predeceases me, the total benefit will be paid to the surviving primary beneficiaries in proportion to their respective percentages. If none of my primary beneficiaries survive me, then the benefit shall be paid to my secondary beneficiaries as indicated below.

SECONDARY BENEFICIARY:

Name Address	Relationship	Percentage	Social Security No.

If I have designated more than one secondary beneficiary, the benefit will be divided equally among the secondary beneficiaries who survive me, unless I have specified different percentages. If one, but not all, of the secondary beneficiaries designated predeceases me, the total benefit will be paid to the surviving secondary beneficiaries in proportion to their respective percentages. If none of my beneficiaries survive me, the benefit will be paid as provided in the Plan.

Participant's Signature

Date of Birth

Participant's Name

Date

CERTIFICATION OF UNMARRIED STATUS

I hereby certify that as of the date below I am not married.

Participant's Signature

Participant's Name (Print)

Date: _____

STATE OF NEW YORK)
COUNTY OF) ss.:

On the ____ day of _____, in the year 20__, before me, the undersigned, a Notary Public in and for said State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public