

GRAPHIC COMMUNICATIONS BENEVOLENT TRUST FUND

DESIGNATION OF BENEFICIARY FORM

PARTICIPANT INFORMATION: (Please Print)

| | | | |
|-------------------------|----------------------------------|---------------|--------------------|
| Participant's Full Name | Social Security/Insurance Number | Date of Birth | Local Union Number |
| Complete Address | | | |

DESIGNATION OF BENEFICIARY: THIS DESIGNATION REVOKES ALL PRIOR DESIGNATIONS MADE BY ME
It is my desire that the Graphic Communications Benevolent Trust Fund benefit payable at my death, if any, be paid as designated below.

PRIMARY BENEFICIARY:

Please provide full name, relationship, SSN (US ONLY), complete address and percentage of benefit to be paid to each beneficiary listed.

| | | |
|------------------|--------------|---------------|
| Full Name | Relationship | Percentage |
| Complete Address | | SSN (US Only) |
| Full Name | Relationship | Percentage |
| Complete Address | | SSN (US Only) |
| Full Name | Relationship | Percentage |
| Complete Address | | SSN (US Only) |

In the event my primary beneficiary or beneficiaries have died or cannot be located, I hereby designate the following beneficiary or beneficiaries.

CONTINGENT BENEFICIARY:

Please provide full name, relationship, SSN (US ONLY), complete address and percentage of benefit to be paid to each beneficiary listed.

| | | |
|------------------|--------------|---------------|
| Full Name | Relationship | Percentage |
| Complete Address | | SSN (US Only) |
| Full Name | Relationship | Percentage |
| Complete Address | | SSN (US Only) |
| Full Name | Relationship | Percentage |
| Complete Address | | SSN (US Only) |

SIGNED:

WITNESSED:

| | | | |
|-------------------------|------|-------------------------------------------------------|------|
| Participant's Signature | Date | Local Union Officer and Local Number or Notary Public | Date |
|-------------------------|------|-------------------------------------------------------|------|

Rev 01/09

** Graphic Communications Benevolent Trust Fund * 1900 L Street, N.W., Suite 800, Washington, DC 20036-5023 * Telephone (202) 462-1400 **