

**AFTRA Retirement Fund
DESIGNATION OF BENEFICIARY**

Fill out and mail this copy to:

Date: _____

**AFTRA Retirement Fund
261 Madison Avenue
New York, New York 10016
(800) 562-4690**

Gentlemen:

I hereby designate as my beneficiary to receive, in the event of my death, any benefits payable under the AFTRA Retirement Plan:

Please Print

Beneficiary's Name _____
(First) (Middle) (Last)

Beneficiary's Address _____

Relationship of Beneficiary (wife, husband, child, other, etc.) _____

If the above-named person should predecease me, the beneficiary shall be:

Alternative Beneficiary's Name _____
(First) (Middle) (Last)

Alternative Beneficiary's Address _____

Relationship of Alternative Beneficiary _____

The Beneficiary designation appearing above supersedes any previous Beneficiary designation.

x Signature: _____

x Signature of Witness: _____

Name of Performer as on Social Security Card _____
(First) (Middle) (Last)

Professional Name of Performer _____
(First) (Middle) (Last)

Social Security Number of Performer _____ - _____ - _____ Date of Birth _____

Address _____

Instructions for Completing the Designation of Beneficiary Form

This form should be completed in duplicate. Mail the white copy to the Fund office address on the front of the form. It is important that you return this as soon as possible.

The designation of a beneficiary for any death benefits which may be payable under the Retirement Plan in no way affects your choice of beneficiary for benefits under the AFTRA Health Plans. Although you may designate the same person for the death benefits payable under the Retirement Plan as you did for benefits payable under the Health Plans, it is still essential that this form be completed.

The name of your beneficiary should be printed in full. For example, the name should appear as "Mrs. Jane Smith Johnson" not "Mrs. Robert Johnson".

For information about how your death benefit may be paid, refer to the "Death Benefits" section in the Retirement Plan summary plan description booklet. You should note that if you are married and want to choose someone other than your spouse as your beneficiary, your spouse's written consent is required.

If at any time you wish to change the beneficiary you have designated on this form, please write to the Fund office for the appropriate forms, or visit the AFTRA H&R Web site at www.aftrahr.com to print out a form.