

IV. PENSION BENEFICIARY FORM

To the Board of Trustees:

I hereby designate as my beneficiary(ies) to receive any benefits that may be payable after my death under the Pension Plan or P-Plan, the following: **Please note:** "Benefits are paid for the pensioner's lifetime and, if the pensioner meets the requirements of Article VI, Section 6.04 and is married at the time of death, benefits continue at a 50% level for the spouse's lifetime. In some circumstances, particularly for unmarried participants, there may be some benefits (such as the 36-Month Guarantee under Article VIII, Section 8.02(b)(iii) and the Ten-Year Certain Pension under Article VII, Section 7.02) that remain payable after the participant's death. In case any of these other benefits apply to you, you should name a beneficiary (and, if you desire, a secondary beneficiary) to receive those benefits."

BENEFICIARY:

Name Relationship

Address

I hereby designate as my second beneficiary (CHECK ONE)

_____ (A) Jointly with the above beneficiary.

_____ (B) Only, if the above beneficiary is not alive at my death.

BENEFICIARY (Second Choice):

Name Relationship

Address

Date Signature of Pensioner

V. APPLICANT'S AFFIDAVIT:

I hereby apply for a Pension Evaluation from the Bakery and Confectionery Union and Industry International Pension Fund. The above statements are true to the best of my knowledge and belief. I understand that a false statement may result in inaccurate information being provided to me. I also understand that I must complete a pension application before pension benefits can be paid to me. I understand that if I provide false information on a pension application I may be disqualified for receipt of pension benefits or my pension amount may be reduced or suspended, and that the Trustees have the right to recover any payments made to me because of a false statement.

Date

Signature of Applicant
If an (X) mark is used for signature, a witness must sign and include their Social Security Number

Signature of Witness

Social Security Number of Witness

PRIVACY ACT STATEMENT:

Section 205 (c) (2) (A) of the Social Security Act allows us to ask for the information you give us on this form. The information is needed so that the Social Security Administration can quickly identify your record or the record of the deceased individual who is the subject of a request you are making and prepare the earnings statement you want. You do not have to give us this information. However, without the information we may not be able to process your request. The information you provide will be used primarily for issuing the earnings statement you request. The information you provide may be given out if a Federal law requires that we give out the information; if a congressman or the President's office needs this information to answer questions you ask them; or the Department of Justice needs the information for investigating or prosecuting violations of the Social Security Act.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information about you may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

PAPERWORK REDUCTION ACT STATEMENT:

This information collection meets the clearance requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 2 minutes to read the instructions, gather the necessary facts, and answer the questions.