

Certificated Retirement Account Trust

P.O. Box 503
Kentfield, CA 94904
Contract No. 502523

BENEFICIARY DESIGNATION FORM

MEMBERS COMPLETE NAME: _____

BIRTHDATE: _____ SOCIAL SECURITY NUMBER: _____

COMPLETE ADDRESS & PHONE: _____
(Street Address)

(City)

(State)

(Zip)

(Area Code and Phone Number or Cell number if preferred)

I hereby designate the following person(s), SHARE AND SHARE ALIKE, or the survivor if more than one person is designated (save for the exception below*), as BENEFICIARIES for Death Benefits under the Certificated Retirement Trust Account Plan.

First	Middle	Last Name	Complete Address and Phone Number	Relationship

In the event that I should survive the person or persons designated above, then I designate as my beneficiary(ies), SHARE AND SHARE ALIKE, or to the survivor if more than one is designated, save for the exception below*:

First	Middle	Last Name	Complete Address and Phone Number	Relationship

EXCEPTION: *In the event that children are the designated beneficiaries, and the child predeceases the member, the children of such a beneficiary will receive the share which would have been payable to the deceased child. Any child born to the member after this designation will share in the benefit if other children are named.

Should I survive the above-named beneficiaries, I understand that the benefit payable on account of my death will be paid to the statutory beneficiaries or to such other beneficiaries as I may hereafter designate in writing and duly file with the CRA Trust in accordance with the Trust Plan. By this beneficiary designation, I hereby revoke any previous designation inconsistent herewith.

YOUR SIGNATURE: _____ DATE: _____

(Please note: It is imperative that you inform the CRA Trust of contact changes, if any, so that we may update our records accordingly. It is also important that you contact the Trust three months prior to turning age 70, to begin the process for receiving the Trust benefit. Keep a copy of this form as a record/reminder.)