

**KANSAS CITY CEMENT MASONS PENSION FUND**P.O. Box 909500, Kansas City, MO 64190-9500  
(816) 393-7060 / Toll Free (877) 518-0518

Last Name			First Name in Full			Middle Name in Full		
Home Address			City and State			Zip Code		
Social Security No.			Date Employee Joined Union		Local Union No.		Preferred Telephone No.	
Date of Birth		Marital Status		Sex		Email Address		
Month	Day	Year	<input type="checkbox"/> Married <input type="checkbox"/> Divorced	<input type="checkbox"/> Male				
			<input type="checkbox"/> Single <input type="checkbox"/> Widowed	<input type="checkbox"/> Female				
Death Benefits to be Paid to				Relationship		PLEASE PRINT ALL INFORMATION		
Full Name								
SS# of Beneficiary						YOU MAY LIST CONTINGENT BENEFICIARIES ON BACK OF CARD		
Residence of Beneficiary								
Street		City or Town		State				
Date Card is Signed						<b>Signature - use full name</b>		
_____ 20		_____		_____				
month		day		year				

**BENEFICIARY CARD**

**CONTINGENT BENEFICIARIES**

Name	Social Security No.	Address	% Paid	Date of Birth

If you are married and have NOT elected your spouse as beneficiary, your spouse must sign this form. By submitting this form, you acknowledge that any future changes to your beneficiary(ies) will also require spousal consent if he/she is not designated. **If you are designating a beneficiary(ies) other than your legal spouse, your spouse's signature must be notarized in order for your designation to be valid.**

<p>I am the spouse of the participant named on the front of this card. I am voluntarily waiving my right to any benefits otherwise due to me as the participant's spouse under the Plan so that benefits may instead be paid to the beneficiary(ies) listed on this form. I understand that my spouse cannot select different beneficiaries without my written consent.</p>	<p>Notary Stamp</p>
<p>_____ Signature of Spouse</p> <p>_____ Date</p>	<p>_____ Signature of Notary</p> <p>_____ Date</p>