

# REGIONAL DISTRICT COUNCIL RETIREMENT PLAN AND TRUST

Administrator: William C. Earhart Company, Inc.  
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## Beneficiary Designation

Participant's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Are you currently married?: (Circle) Yes / No Date of Marriage: \_\_\_\_\_

**Designated Beneficiary:** Any benefits due from the Trust because of my death shall be paid to the following person(s):

### Primary

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Designated %

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Secondary

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Designated %

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Designated %

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### **Attach additional sheet, if necessary**

If I have named more than one beneficiary and he/she precedes me in death, I understand that his/her share will be divided equally among the remaining beneficiaries.

Signature of Participant:

Signature of Witness:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature (non-relative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date