FRINGE BENEFIT ENROLLMENT FORM
NEWSGUILD OF NEW YORK – CONSUMER REPORTS PENSION PLAN
PRINT ALL INFORMATION

Last Name *First Name* *M.I.* *Social Security Number*

Home Address *City* *State* *Zip*

Date of Birth *Marital Status (Circle One)* *Single* *Married* *Divorced* *Widowed* *Date of Marriage*

Home Phone # *Cell #* *E-mail Address*

Beneficiary Designations

I hereby designate the following beneficiary (ies) to receive any death benefits under the NewsGuild of New York – Consumer Reports Pension Plan. I understand I have the right to change my beneficiary(ies) at any time. I may designate more than one beneficiary – use additional sheet if extra space is required. This beneficiary designation supersedes any prior designation made by me.

Primary	***Contingent***
Name (Last, First, MI)	*Name (Last, First, MI)*
Address	*Address*
City *State* *Zip Code*	*City* *State* *Zip Code*
SSN *Relationship*	*SSN* *Relationship*

Signature of Employee *Date*

Spousal Consent

If you are married and you wish to name someone other than your spouse as the beneficiary to your death benefits, your spouse must consent to your designation by signing below in the presence of a Notary Public. YOUR BENEFICIARY DESIGNATION WILL NOT BE VALID UNLESS YOUR SPOUSE'S SIGNATURE IS NOTARIZED.

As the lawful spouse of the herein-named participant, I hereby certify that I agree with the pension beneficiary designation(s) made above. I understand that by doing so, I waive any and all rights to my spouse's death benefits and authorize the Administrator of the NewsGuild of New York – Consumer Reports Pension Plan to pay all death benefits to the above named beneficiary(ies).

(Signature of Participant's Spouse)

NOTARY

State of _____)
) SS:
County of _____)

Subscribed and Sworn to before me, this _____ day of _____, 20 _____.

(Notary Public)

Return completed form to: IE Shaffer & Co, PO Box 1028, Trenton NJ 08628-0230