

SOUND RETIREMENT TRUST

201 Queen Anne Avenue North, Suite 100
Seattle, Washington 98109-4896
1-800-225-7620 –or– (206) 282-4500

The Sound Retirement Trust provides the following death benefits:

If you die after September 30, 1996 but before you retire, and you are not survived by a spouse, your Surviving Family Member(s) as defined by the Plan, will be entitled to a death benefit provided you are vested with at least five (5) years of Credited Service (at least one of which is Credited Future Service). Your Surviving Family Member(s) will be entitled to a lump sum payment equal to 75% of the contributions required to be made to the Plan's trust fund on your behalf by your employers with a maximum benefit of \$10,000.

If you die after you retire, the form of payment you elect when you retire will govern the death benefit which is payable. If you die after September 30, 1996 and you are not survived by a spouse, your monthly pension will be paid to your Surviving Family Member(s) until a total of 60 monthly payments have been made unless you choose the 50% Spouse or Contingent Annuitant Benefit Option. If you choose the 50% Spouse or Contingent Annuitant Benefit Option, the 60 Months Guaranteed does not apply.

Surviving Family Member(s) as defined by the Plan are your children (biological and legally adopted) - divided equally, or your parents - divided equally, or your brothers and sisters - divided equally. If you do not designate a beneficiary(ies), then the death benefit will be distributed to the Family Member(s) who are alive at the time of your death in the order listed above.

If you would like to designate a Family Member(s) as your beneficiary(ies) instead of having the Plan follow the above designations, please fill in the following and return to the Trust Office.

SOUND RETIREMENT TRUST PENSION BENEFICIARY DESIGNATION CARD

Participant's Last Name _____ First Name _____ Social Security Number _____

Beneficiary's Name _____ Soc. Sec. No. _____

Beneficiary's Address _____

Beneficiary's Phone _____ Beneficiary's relationship to Participant _____

Beneficiary's Name _____ Soc. Sec. No. _____

Beneficiary's Address _____

Beneficiary's Phone _____ Beneficiary's relationship to Participant _____

Beneficiary's Name _____ Soc. Sec. No. _____

Beneficiary's Address _____

Beneficiary's Phone _____ Beneficiary's relationship to Participant _____

Signature of Employee _____

Date _____

Name

Address

City State Zip

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