

Beneficiary Designation

CALIFORNIA INVESTMENT TRUST

INSTRUCTIONS TO PARTICIPANT – Complete this form to choose your beneficiaries. If you name a primary beneficiary who is not your spouse, your spouse must complete the Spouse's Consent. Signatures must be witnessed by an Employer's Designated Representative or a Notary Public. Return the completed form to your Employer's Human Resources department.

FUND GROUP

44 MONTGOMERY STREET SUITE 2100
SAN FRANCISCO, CA 94104-4708

(800) 225-8778
(415) 421-2019 FAX

www.caltrust.com

COMPANY NAME _____

PARTICIPANT NAME _____

I HEREBY DESIGNATE THE FOLLOWING AS MY PRIMARY AND CONTINGENT BENEFICIARIES:

PRIMARY BENEFICIARY(IES)

_____ % _____
Last Name First Name Middle Initial Relationship Social Security Number
Street Address City State Zip

_____ % _____
Last Name First Name Middle Initial Relationship Social Security Number
Street Address City State Zip

CONTINGENT BENEFICIARY(IES)

_____ % _____
Last Name First Name Middle Initial Relationship Social Security Number
Street Address City State Zip

_____ % _____
Last Name First Name Middle Initial Relationship Social Security Number
Street Address City State Zip

MARITAL STATUS (Check One) I hereby certify that I am: Married Not Married

PARTICIPANT'S CERTIFICATION

I hereby revoke all prior primary and contingent beneficiary designations (if any). I certify that my current marital status indicated above is correct, and that I have obtained Spousal Consent, if required. If I later marry or re-marry and my Primary Beneficiary is not my spouse, this designation will no longer be valid, and I must file a new designation.

Participant's Signature

Social Security Number

Date

SPOUSE'S CONSENT Required if Primary Beneficiary is not the Participant's Spouse (Must be witnessed)

I, the undersigned lawful spouse of the participant, do irrevocably consent to my spouse's above designation of one or more persons or entities as Beneficiaries to receive benefits payable under the Plan by reason of my spouse's death. I understand that I am waiving (giving up) any right I might have to any survivor benefit under the plan in the event of my spouse's death, except to the extent that my spouse has named me specifically as a Beneficiary. I have received and reviewed information changes about the survivor benefits I would otherwise be entitled under the Plan. This consent is irrevocable unless my spouse changes the designation, in which case I must file a new consent.

Spouse's Signature

Date

I have verified to the best of my ability that the person signing above is the Participant's current legal spouse.

Witness (Employer Representative or Notary Public)

Date

EMPLOYER'S WITNESS AND ACCEPTANCE

I hereby witness the Participant's elections and signature above. I have also verified, to the best of my ability, the Participant's Certification of marital status.

Employer Representative's Signature

Print Name

Date