



## SECTION 2 — Pension Fund Death Benefit

Additional Page Attached: Yes \_\_\_\_\_ No \_\_\_\_\_

**Currently \$1,500**

**NOTE:** This Beneficiary Designation is only applicable if the Pre-Retirement Surviving Spouse Pension is not payable.

Full Name of <b>PRIMARY</b> Beneficiary	Relationship to You	Social Security No. (if known)	Date of Birth
Street Address	City, State, Zip Code		Percentage of Interest
Full Name of <b>PRIMARY</b> Beneficiary	Relationship to You	Social Security No. (if known)	Date of Birth
Street Address	City, State, Zip Code		Percentage of Interest
Full Name of <b>SECONDARY</b> Beneficiary	Relationship to You	Social Security No. (if known)	Date of Birth
Street Address	City, State, Zip Code		Percentage of Interest
Full Name of <b>SECONDARY</b> Beneficiary	Relationship to You	Social Security No. (if known)	Date of Birth
Street Address	City, State, Zip Code		Percentage of Interest

I designate as a Beneficiary(ies) the person(s) named above for my Pension Fund Death Benefit. I will inform the Plan Administrator IMMEDIATELY of any change in my marital status. This designation revokes any prior beneficiary designations, made by me, for the Pension Plan.

**X** \_\_\_\_\_

Participant's Signature

\_\_\_\_\_ Date

## SECTION 3 — Welfare Fund Death Benefit

Additional Page Attached: Yes \_\_\_\_\_ No \_\_\_\_\_

**\$15,000 Lump Sum (\$30,000 if Accidental Death) – Active Employee**

**NOTE:** Once retired, the death benefit coverage terminates six months after the effective date of retirement.

Full Name of <b>PRIMARY</b> Beneficiary	Relationship to You	Social Security No. (if known)	Date of Birth
Street Address	City, State, Zip Code		Percentage of Interest
Full Name of <b>PRIMARY</b> Beneficiary	Relationship to You	Social Security No. (if known)	Date of Birth
Street Address	City, State, Zip Code		Percentage of Interest
Full Name of <b>SECONDARY</b> Beneficiary	Relationship to You	Social Security No. (if known)	Date of Birth
Street Address	City, State, Zip Code		Percentage of Interest
Full Name of <b>SECONDARY</b> Beneficiary	Relationship to You	Social Security No. (if known)	Date of Birth
Street Address	City, State, Zip Code		Percentage of Interest

I designate as a Beneficiary(ies) the person(s) named above for my Welfare Fund Death Benefit. I will inform the Plan Administrator IMMEDIATELY of any change in my marital status. This designation revokes any prior beneficiary designations, made by me, for the Welfare Plan.

**X** \_\_\_\_\_

Participant's Signature

\_\_\_\_\_ Date