

Sheet Metal Workers' Local Union No. 73  
Annuity, Pension and Welfare Funds  
Universal Beneficiary Designation (UBD) Form Instructions

**IMPORTANT CHANGE:** All new and changed Universal Beneficiary Designation forms must be submitted with Proof of ID (copy of your Driver's License or State ID Card) to verify your signature. If your spouse has signed the form in Section 1 (Annuity) a copy of your spouse's Proof of ID is also required). Forms submitted without these requirements will not be accepted.

The Annuity Fund, Pension Fund and Welfare Fund each provides a death benefit for your beneficiary if, at the time of your death, you are eligible for such benefit. The Fund Office has developed one Universal Beneficiary Designation (UBD) form for you to complete for all three Funds in order that your beneficiary for each Fund is updated.

This form has two parts:

|               |   |                     |               |   |                            |
|---------------|---|---------------------|---------------|---|----------------------------|
| <b>Part A</b> | – | General Information | <b>Part B</b> | – | Beneficiary Designations   |
|               |   |                     | Section 1–    |   | Annuity Fund Death Benefit |
|               |   |                     | Section 2–    |   | Pension Fund Death Benefit |
|               |   |                     | Section 3–    |   | Welfare Fund Death Benefit |

**PART A – General Information**

Part A (Side 1) Must be completed in full. Be sure to indicate your present marital status. If married, please list the name of your spouse.

**PART B – Beneficiary Designations**

**1. Annuity Fund Death Benefit (Part B, Side 1, Section 1)**

Please list the full name of your Primary Beneficiary(ies) along with their Relationship to you, their Social Security Number, if known, Date of Birth, their Complete Address and Percentage of Interest. You may also choose to list Secondary Beneficiary(ies). If you intend to designate more than one Primary or Secondary Beneficiary, please provide the same information requested above for EACH Beneficiary you list and include the Percentage of Interest you intend to give EACH Beneficiary. The Percentage of Interest must equal 100% for all Primary and Secondary Beneficiary(ies).

**IMPORTANT NOTE:** For the Annuity Fund Death Benefit only, if you name someone as Beneficiary other than your current spouse, your current spouse MUST CONSENT by signing the bottom of this form (Side 1, Section 1) (Signature of Spouse), and your spouse's signature Must be Notarized.

**2. Pension Fund Death Benefit (Part B, Side 2, Section 2)**

This benefit is payable if you are not eligible for the Pre-retirement Surviving Spouse Pension. The benefit amount is currently \$1,500.00.

Please list the full name of your Primary Beneficiary(ies) along with their Relationship to you, their Social Security Number, if known, Date of Birth, their Complete Address and Percentage of Interest. You may also choose to list Secondary Beneficiary(ies). If you intend to designate more than one Primary or Secondary Beneficiary, please provide the same information requested above for EACH Beneficiary you list and include the Percentage of Interest you intend to give EACH Beneficiary. The Percentage of Interest must equal 100% for all Primary and Secondary Beneficiary(ies).

**3. Welfare Fund Death Benefit (Part B, Side 2, Section 3)**

Please list the full name of your Primary Beneficiary(ies) along with their Relationship to you, their Social Security Number, if known, Date of Birth, their Complete Address and Percentage of Interest. You may also choose to list Secondary Beneficiary(ies). If you intend to designate more than one Primary or Secondary Beneficiary, please provide the same information requested above for EACH Beneficiary you list and include the Percentage of Interest you intend to give EACH Beneficiary. The Percentage of Interest must equal 100% for all Primary and Secondary Beneficiary(ies).

**IMPORTANT NOTE:** The Pension Fund Death Benefit and the Welfare Fund Death Benefit do not require spousal consent to list someone other than your current spouse as beneficiary.

**ADDITIONAL INFORMATION:**

**ALL** sections of this form allow you to name Primary and Secondary beneficiary(ies). This means if your Primary Beneficiary(ies) predeceases you, the surviving Secondary Beneficiary(ies) will be paid upon your death. Therefore, if your Primary Beneficiary(ies) does survive you, then the Secondary Beneficiary(ies) will be paid nothing. Please note that you will have to complete the Percentage of Interest EACH Beneficiary is intended to receive. For example, when listing two Primary Beneficiaries, you could list 30% for one and 70% for the other. If both Primary Beneficiaries survive you, the one listed for 30% would receive 30% of the benefit, and the Beneficiary listed for 70% would receive 70% of the benefit. If you fail to complete percentages that add up to 100%, the Fund Office will return the form to you for proper completion. To designate additional Beneficiaries, please attach, date, and sign a separate piece of paper, and indicate to which Fund this designation applies (i.e.: Annuity, Pension or Welfare). The remaining Beneficiary(ies) who do not have a stated percentage will equally share the remaining percentage.

**Finally, remember to Sign and Date EACH SECTION.** If you choose Not to complete any section of this form other than Part A, you **MUST cross out that section.** The Fund Office will not assume that a Beneficiary(ies) named for one Fund benefit is the same for all Fund benefits on the form. These are separate benefits and, therefore, it is necessary to name your Beneficiary(ies) for each benefit.