



BENEFICIARY DESIGNATION FORM

Participant Information (Participants include Ironworkers, Retirees, Alternate Payees)

Legal Name: _____ Date: _____
First M.I. Last

Address: _____
Street Address & P.O. Box (if applicable) Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Gender: _____ Social Security No.: _____ Date of Birth: _____

Marital Status (check one): Single Legally Married Widower Divorced Separated

Acknowledgement

By completing this form and signing it, I acknowledge that I am hereby revoking all previous beneficiary designations and designate the following beneficiary (or beneficiaries) effective on or after the date signed herein to receive any death benefits payable under the Iron Workers District Council of Southern Ohio & Vicinity Benefit, Pension and/or Annuity Trusts. I reserve the right to make future beneficiary designations.

Ironworkers and Retirees only: I understand that if I am married, my spouse is my beneficiary for Pension and Annuity benefits unless my spouse has provided notarized written consent to waive these rights.

Beneficiary(ies) Designations

Primary Beneficiary(ies). Percentage of proceeds below must equal 100%. If you need additional space to identify beneficiaries, please attach a signed and dated letter.

1. _____
Primary Beneficiary First Name M.I. Last

Phone: _____ Email: _____

Address: _____
Street Address & P.O. Box (if applicable) Apartment/Unit #

City State ZIP Code

Social Security No.: _____ Date of Birth: _____ Gender: _____

Relationship to Participant: _____ Percentage of Proceeds: %

2. _____
Primary Beneficiary First Name M.I. Last

Phone: _____ Email: _____

Address: _____
Street Address & P.O. Box (if applicable) Apartment/Unit #

City State ZIP Code

Social Security No.: _____ Date of Birth: _____ Gender: _____

Relationship to Participant: _____ Percentage of Proceeds: %

SIGNATURE REQUIRED ON REVERSE SIDE OF FORM

Beneficiary(ies) Designations (continued)

Contingent Beneficiary(ies). In the event the Primary beneficiary(ies) predecease me, I designate the following contingent beneficiary(ies). Percentage of Proceeds below must equal 100%.

1. _____
Contingent Beneficiary *First Name* *M.I.* *Last*
Phone: _____ Email: _____
Address: _____
Street Address & P.O. Box (if applicable) *Apartment/Unit #*

City *State* *ZIP Code*
Social Security No.: _____ Date of Birth: _____ Gender: _____
Relationship to Participant: _____ Percentage of Proceeds: %

2. _____
Contingent Beneficiary *First Name* *M.I.* *Last*
Phone: _____ Email: _____
Address: _____
Street Address & P.O. Box (if applicable) *Apartment/Unit #*

City *State* *ZIP Code*
Social Security No.: _____ Date of Birth: _____ Gender: _____
Relationship to Participant: _____ Percentage of Proceeds: %

Please note: If more than one beneficiary is designated, unless otherwise provided herein, benefits will be paid in equal shares to the designated beneficiaries that are survived by you. This beneficiary designation shall take effect upon receipt of this document by Iron Workers District Council of Southern Ohio & Vicinity Benefit, Pension, and Annuity Trust Fund Office.

Signature

Authorization: I request these beneficiary changes, and I agree to submit additional information upon request if such information is necessary to implement the changes on this form. I also understand the instructions on this form are subject to the terms of the Iron Workers District Council of Southern Ohio & Vicinity Benefit, Pension and Annuity Trust Plan documents.

Signature of Participant: _____ Date: _____

Printed Name: _____

Submission Instructions

Please mail this original document (copies are not accepted) to:

Iron Workers District Council of Southern Ohio & Vicinity Benefit, Pension, Annuity Trust
1470 Worldwide Place
Vandalia OH 45377