



Iron Workers' Local No. 25 Fringe Benefit Funds

P.O. Box 99219

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IRON WORKERS' LOCAL NO. 25 PENSION FUND

Pension & Vacation Beneficiary Designation Card

Name _____
Last First Middle

Date of Birth _____ Social Security No. _____

Upon my death:

1. If my spouse is not living Or
2. If we have no surviving children under nineteen (19) years of age
and death benefits are still payable, I want my death benefits to go to:

Name _____ Address _____

Date _____ Your Signature _____