

# Greater St. Louis Service Employees' Pension Fund

P.O. Box 1714, Maryland Heights, Mo 63043

Toll Free (844) 939-1534 Telephone (314) 656-1084 Fax (314) 739-1105

## Beneficiary Election Form

Participant's Name \_\_\_\_\_ SS # \_\_\_\_\_

Address \_\_\_\_\_

Below please indicate the person(s) you wish to name as beneficiary(ies) of any benefits through the St. Louis Painters Pension Fund.

### Beneficiary Designation

Primary Beneficiary \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

In the event your Primary Beneficiary pre-deceases you, the below listed Contingent Beneficiary(ies) will be paid based on the percentages you indicate.

Contingent Beneficiary \_\_\_\_\_

SS# \_\_\_\_\_ Percentage of benefit \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Contingent Beneficiary \_\_\_\_\_

SS# \_\_\_\_\_ Percentage of benefit \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

**(Attach additional paper if necessary)**

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I understand that this beneficiary designation cancels any previous designation I may have made and will be effective when received in the Fund Office and only if received prior to my death.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_