

Contract Cleaners Service Employees' Pension Trust

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)

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 _____