

SHEET METAL WORKERS LOCAL UNION NO. 80 PENSION FUND
Beneficiary Designation Form

Member's Name _____ **SS #** _____

Address _____

Spouse's Name _____ **SS#** _____

Below please indicate the person(s) you wish to name as beneficiary(ies) of any death benefits through the above listed Pension Fund.

Note: If you are legally married at the time of your death Federal law and the Pension Plan require that benefits be paid to your surviving spouse, unless your spouse consents to the payment of the benefit to someone else. To make that type of change, the Pension Plan will require a notarized statement from your spouse.

Beneficiary Designation

Primary Beneficiary _____ SS# _____
Address _____ Relationship _____ Percentage of benefit _____

Primary Beneficiary _____ SS# _____
Address _____ Relationship _____ Percentage of benefit _____
(Attach additional paper if necessary)

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# _____
Address _____ Relationship _____ Percentage of benefit _____

Contingent Beneficiary _____ SS# _____
Address _____ Relationship _____ Percentage of benefit _____
(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. Further, I understand that this designation shall be cancelled, and my spouse will automatically become my beneficiary if I am, or become, legally married.

Member's Signature _____ **Date** _____

Spousal consent of alternate beneficiary designation as noted above:

I hereby consent to my spouse's designation of the above beneficiary for death benefits payable through this Fringe Benefit Fund. I fully understand that by signing below, I will not be eligible for the receipt of the benefits payable on behalf of my spouse in the event of his or her death.

Spouse's Signature _____ **Date** _____

Place Notary Stamp/Seal Here

Subscribed to and sworn to before me,
This _____ day of _____, 20____.

Notary Signature _____
Notary Public, _____ County
State of _____
My Commission expires _____