

SHEET METAL WORKERS LOCAL UNION NO. 80 ANNUITY FUND
Beneficiary Election Form

Member's Name _____ Last 4 digits SSN # _____

Full Address _____

Below please indicate the person(s) you wish to name as beneficiary(ies) of any death benefits through the above listed Pension Fund. The completed form must be returned to the fund office via one of the options below:

Email to: retire@benesys.com

Fax to: (248) 721-9678

Mail to: Sheet Metal Workers' Local Union No. 80 Annuity Fund, PO Box 1408, Troy MI 48099-1408

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 – see backside of form for notarized consent by your spouse.

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 pages 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 if my current marriage ends and I remarry, which would make my legal spouse at the time of my death my new primary beneficiary.

Member's Signature _____ Date _____

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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 Public, _____ County
State of _____
My Commission expires _____

