

I.U.P.A.T. OF WESTERN PENNSYLVANIA ANNUITY FUND

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Troy, MI 48099-9998
(330) 779-8865
Toll Free (833) 697-1294

BENEFICIARY DESIGNATION FORM

PARTICIPANT NAME (PLEASE PRINT) _____

SOCIAL SECURITY NUMBER _____

#1 Primary Beneficiary Name: _____

Social Security Number: _____ % _____

Address: _____

Telephone Number: _____

#2 Primary Beneficiary Name: _____

Social Security Number: _____ % _____

Address: _____

Telephone Number: _____

#3 Primary Beneficiary Name: _____

Social Security Number: _____ % _____

Address: _____

Telephone Number: _____

#1 Secondary Beneficiary Name: _____

Social Security Number: _____ % _____

Address: _____

Telephone Number: _____

#2 Secondary Beneficiary Name: _____

Social Security Number: _____ % _____

Address: _____

Telephone Number: _____

#3 Secondary Beneficiary Name: _____

Social Security Number: _____ % _____

Address: _____

Telephone Number: _____

IF MARRIED, YOUR SPOUSE IS AUTOMATICALLY YOUR PRIMARY BENEFICIARY, IF YOU ARE MARRIED AND WISH TO DESIGNATE SOMEONE ELSE OTHER THAN OR IN ADDITION TO YOUR SPOUSE AS YOUR PRIMARY BENEFICIARY, THEN THE "SPOUSAL CONSENT" ON PAGE 2 MUST BE COMPLETED AND NOTARIZED.

PARTICIPANT SIGNATURE

DATE

PARTICIPANTS CERTIFICATION
IF NO SPOUSE

- I hereby certify that I am not now married and that there are no Plan benefits payable to a former spouse under a qualified domestic relations order.
- I hereby certify that I am not now married, however, there may be a reduction in my benefits as a result of a qualified domestic relations order.

PARTICIPANT SIGNATURE

DATE

SPOUSAL CONSENT

IF THE PARTICIPANT IS MARRIED, THE SPOUSE MUST SIGN THE CONSENT BELOW TO AUTHORIZE THE DESIGNATION OF A PRIMARY BENEFICIARY OTHER THAN THE SPOUSE AND HAVE HIS/HER SIGNATURE NOTARIZED.

I hereby approve of, and consent to, the Beneficiary Designation. I understand that I am entitled to receive a Spouse's benefit under the I.U.P.A.T. of Western Pennsylvania Annuity Fund unless I consent to a different Beneficiary designation. I also understand that the designation on Page 1, has the effect of causing the death benefit under the Plan that would otherwise be payable to me to be paid to the named person(s). I further understand that my spouse may not change the Primary Beneficiary designation on Page 1 hereof without first obtaining my written consent.

SPOUSE'S NAME (PLEASE PRINT): _____

SPOUSE'S SIGNATURE

DATE

NOTARY

Subscribed and sworn to before me this _____ day of _____, 200____.

Notary Public

County

My Commission Expires _____

Notary Public's Signature

Date