Pension Fund of
Local No. One, I.A.T.S.E.
320 West 46th Street, 6th Floor
New York, NY 10036
(212)247-5225

Instructions: Please use full legal names. All required information must be in ink. If a mistake is made, do not erase or correct the form; please use a new beneficiary designation form. If you have any questions, please contact the Fund Office.

PENSION FUND BENEFICIARY DESIGNATION FORM

Participant Name ____________ **Social Security Number** ____________

Street Address ____________ City ____________ State ____ Zip ____________

Primary Beneficiary(ies)

[PLEASE NOTE that if you are married and wish to designate a beneficiary other than your spouse, you and your spouse MUST sign and execute a notarized waiver form or your designation will not be valid. Otherwise, if your primary beneficiary is not your spouse, by signing this form you hereby swear that you are not married.]

I hereby designate the following as my primary beneficiary(ies) to receive any benefits that may be payable after my death under the provisions of the Pension Plan:

Primary Beneficiary Name ____________ Beneficiary SSN ____________ Relationship ____________
Is the Beneficiary currently a Minor? ◯No ◯Yes, Please complete reverse side of form. **Percent of Share** ______ %
Street Address ____________ City ____________ State ____ Zip ____________

Primary Beneficiary Name ____________ Beneficiary SSN ____________ Relationship ____________
Is the Beneficiary currently a Minor? ◯No ◯Yes, Please complete reverse side of form. **Percent of Share** ______ %
Street Address ____________ City ____________ State ____ Zip ____________

Primary Beneficiary Name ____________ Beneficiary SSN ____________ Relationship ____________
Is the Beneficiary currently a Minor? ◯No ◯Yes, Please complete reverse side of form. **Percent of Share** ______ %
Street Address ____________ City ____________ State ____ Zip ____________

Contingent Beneficiary(ies)

I hereby designate the following as my contingent beneficiary(ies) to receive any benefits that may be payable after my death if the primary beneficiary(ies) pre-decease me or die before receiving all of the benefits payable under the Plan:

Contingent Beneficiary Name ____________ Beneficiary SSN ____________ Relationship ____________
Is the Beneficiary currently a Minor? ◯No ◯Yes, Please complete reverse side of form. **Percent of Share** ______ %
Street Address ____________ City ____________ State ____ Zip ____________

Contingent Beneficiary Name ____________ Beneficiary SSN ____________ Relationship ____________
Is the Beneficiary currently a Minor? ◯No ◯Yes, Please complete reverse side of form. **Percent of Share** ______ %
Street Address ____________ City ____________ State ____ Zip ____________

Contingent Beneficiary Name ____________ Beneficiary SSN ____________ Relationship ____________
Is the Beneficiary currently a Minor? ◯No ◯Yes, Please complete reverse side of form. **Percent of Share** ______ %
Street Address ____________ City ____________ State ____ Zip ____________

Participant Signature: ____________ **Date:** ____________

Witness Signature: ____________ **Date:** ____________

Witness Print Name: ____________

[PLEASE NOTE that the witness may not be a named beneficiary.]

For Pension Beneficiaries Under Age 18:

If any of your beneficiaries are currently under age 18, please list an adult contact.

Name of Minor Beneficiary: _____

Adult Contact Name: _____

Adult Address: Street _____

City, State, Zip _____

Name of Minor Beneficiary: _____

Adult Contact Name: _____

Adult Address: Street _____

City, State, Zip _____

Name of Minor Beneficiary: _____

Adult Contact Name: _____

Adult Address: Street _____

City, State, Zip _____

Name of Minor Beneficiary: _____

Adult Contact Name: _____

Adult Address: Street _____

City, State, Zip _____