

Plumbers & Steamfitters Local 486

Pension Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (888) 494-4443
www.associated-admin.com

DESIGNATION OF BENEFICIARY – PRE-RETIREMENT

The purpose of this form is to allow you to name the person or persons to receive any benefits which may be payable upon your death under the provisions of the Pension Fund listed above. You have the right to revoke and change this designation at any time by completing another designation of beneficiary form and filing it with the Administrator of the Fund.

You may name one Primary Beneficiary, and more than one Contingent Beneficiary. A Contingent Beneficiary would be entitled to receive benefits only if the designated Primary Beneficiary predeceases you.

Please note your designation is not valid without your notarized signature.

Print your full name _____
(Last) (First) (Middle)

Social Security # _____

I hereby designate as my Primary Beneficiary to receive benefits, if any are payable at my death, under the provisions of the Fund listed above.

1. Name _____ Relationship _____ Sex _____

Social Security # _____ Date of Birth _____ Phone # _____

Address _____
(Number and Street) (City) (State) (Zip Code)

IN ADDITION, I hereby designate as my Contingent Beneficiary in case no Primary Beneficiary survives me, to receive benefits, if any are payable at my death, under the provisions of the Fund listed above. If more than one Contingent Beneficiary is designated and no Primary Beneficiary survives you, payment will be made in equal shares to the surviving Contingent Beneficiary or Beneficiaries.

2A. Name _____ Relationship _____ Sex _____

Social Security # _____ Date of Birth _____ Phone # _____

Address _____
(Number and Street) (City) (State) (Zip Code)

2B. Name _____ Relationship _____ Sex _____

Social Security # _____ Date of Birth _____ Phone # _____

Address _____
(Number and Street) (City) (State) (Zip Code)

(If this form is not notarized, it will be returned to you.)

If you are currently married and have not listed your spouse as the Primary Beneficiary, your spouse must sign the spouse's statement below and have their signature notarized

Participant's Statement (Check ONE of the choices below)

_____ I hereby certify that my spouse is deceased.

_____ I **am not** married and elect to designate my beneficiary.

_____ I **am** married and I elect to designate my beneficiary.

Members Signature _____ Date _____

State Of _____ County of _____

On the _____ day of _____ 20_____ before me came _____ to me known and known to me to be the person described in and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

Notary Public Date Commission Expires (seal)

Spouse's Statement

I understand that my spouse has designated a beneficiary other than me, and I consent to that election. I understand that I am not guaranteed a survivor benefit after my spouse's death. I understand that my spouse's designation of beneficiary will not be effective unless I consent to it in writing.

Spouse's Signature Date

Sworn and subscribed to before me this _____ day of _____, 20_____.

Notary Public Date Commission Expires (seal)