

Sheet Metal Workers' Local Union No. 73 Annuity, Pension and Welfare Funds
UNIVERSAL BENEFICIARY DESIGNATION FORM

PART A: General Information *(Please print all information.)*

Last Name:	First Name:	Middle Name:	
Birth Date: Mo ____ Day ____ Year ____	Soc. Sec. No.: _____ - _____ - _____	Telephone No.: (____) _____ - _____	
Home Address:		City:	State:
			Zip Code:

Current Marital Status: **Single** **Married** **If Married, Spouse's Name:** _____

If you designate multiple beneficiaries, make sure the percentages add up to 100%. Otherwise, the remaining beneficiaries who do not have a stated percentage will equally share the remaining percentage. **NOTE:** If your marital status changes, you must notify your Plan Administrator of the change and complete a new Universal Beneficiary Designation form.

PART B: Beneficiary Designations *(Please print all information.)*
 List your Beneficiary or Beneficiaries for each benefit. You may name the same person(s) for all three benefits or you may name different people for each benefit. You may add a page if additional space is needed. List your beneficiary(ies) in the spaces provided below. At least one primary beneficiary must be selected. The percentages of your primary beneficiary(ies) must total 100%. If you designate any secondary beneficiaries, the percentages for those beneficiaries must also total 100%.

SECTION 1 — Annuity Fund Death Benefit Additional Page Attached: Yes ____ No ____

Full Name of PRIMARY Beneficiary	Relationship to You	Social Security No. (if known)	Date of Birth
Street Address	City, State, Zip Code		Percentage of Interest
Full Name of PRIMARY Beneficiary	Relationship to You	Social Security No. (if known)	Date of Birth
Street Address	City, State, Zip Code		Percentage of Interest
Full Name of SECONDARY Beneficiary	Relationship to You	Social Security No. (if known)	Date of Birth
Street Address	City, State, Zip Code		Percentage of Interest
Full Name of SECONDARY Beneficiary	Relationship to You	Social Security No. (if known)	Date of Birth
Street Address	City, State, Zip Code		Percentage of Interest

I designate as a Beneficiary(ies) the person(s) named above for my Annuity benefit. I will inform the Plan Administrator IMMEDIATELY of any change in my marital status. This designation revokes any prior beneficiary designations, made by me, for the Annuity Plan.

X _____ Date _____
 Participant's Signature

I am the Legal Spouse of the above-named participant. I hereby consent to the beneficiary designations my Spouse has made above, and I acknowledge the effect of my consent is for someone other than me to receive this benefit.

X _____ Date _____
 Signature of Spouse

Subscribed and sworn to before me
 this _____ day of _____, 2_____.

 Witness (Trustee / Trust Fund Staff / Notary Public)

SECTION 2 — Pension Fund Death Benefit

Additional Page Attached: Yes ___ No ___

Currently \$1,500**NOTE: This Beneficiary Designation is only applicable if the Pre-Retirement Surviving Spouse Pension is not payable.**

Full Name of PRIMARY Beneficiary	Relationship to You	Social Security No. (if known)	Date of Birth
Street Address	City, State, Zip Code		Percentage of Interest
Full Name of PRIMARY Beneficiary	Relationship to You	Social Security No. (if known)	Date of Birth
Street Address	City, State, Zip Code		Percentage of Interest

Full Name of SECONDARY Beneficiary	Relationship to You	Social Security No. (if known)	Date of Birth
Street Address	City, State, Zip Code		Percentage of Interest
Full Name of SECONDARY Beneficiary	Relationship to You	Social Security No. (if known)	Date of Birth
Street Address	City, State, Zip Code		Percentage of Interest

I designate as a Beneficiary(ies) the person(s) named above for my Pension Fund Death Benefit. I will inform the Plan Administrator IMMEDIATELY of any change in my marital status. This designation revokes any prior beneficiary designations, made by me, for the Pension Plan.

X _____
Participant's Signature Date

SECTION 3 — Welfare Fund Death Benefit

Additional Page Attached: Yes ___ No ___

\$15,000 Lump Sum (\$30,000 if Accidental Death) – Active Employee**NOTE: Once retired, the death benefit coverage terminates six months after the effective date of retirement.**

Full Name of PRIMARY Beneficiary	Relationship to You	Social Security No. (if known)	Date of Birth
Street Address	City, State, Zip Code		Percentage of Interest
Full Name of PRIMARY Beneficiary	Relationship to You	Social Security No. (if known)	Date of Birth
Street Address	City, State, Zip Code		Percentage of Interest

Full Name of SECONDARY Beneficiary	Relationship to You	Social Security No. (if known)	Date of Birth
Street Address	City, State, Zip Code		Percentage of Interest
Full Name of SECONDARY Beneficiary	Relationship to You	Social Security No. (if known)	Date of Birth
Street Address	City, State, Zip Code		Percentage of Interest

I designate as a Beneficiary(ies) the person(s) named above for my Welfare Fund Death Benefit. I will inform the Plan Administrator IMMEDIATELY of any change in my marital status. This designation revokes any prior beneficiary designations, made by me, for the Welfare Plan.

X _____
Participant's Signature Date