

INSTRUCTIONS FOR COMPLETING THE BENEFICIARY FORM

By completing this form, all prior designation forms will be revoked. This information will be used to locate the beneficiary(ies) you choose.

1) Participant must complete ALL their information:

- last name
- first name
- middle name (if applicable)
- your current address
- contact number
- cell phone number
- your complete social security number (required)
- local or affiliate (if known)
- your e-mail address

2) Primary beneficiary(ies) MUST equal 100%. If you need additional forms, please contact our office.

3) Contingent beneficiary MUST equal 100%. If you need additional forms, please contact our office.

4) All beneficiary information must include complete (legal) name, date of birth, address, relation and percentage. Incomplete forms will not be accepted and returned.

- A confirmation of the receipt of this form will be sent to you.
- The filing and acceptance of a beneficiary form does not confirm eligibility status.
- Keep a copy of the completed form for your records. The Fund will only honor the copy on file with our office.