



**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. If you are married and subsequently divorce, you will need to submit a new beneficiary form if your spouse was your beneficiary.]**

**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 \_\_\_\_\_