

BENEFICIARY DESIGNATION FORM SHEET METAL WORKERS 270 DEFINED CONTRIBUTION PENSION PLAN

Participant Name			
Address _			
City, State, Zip			
Social Security Number _		Birth Date	Hire Date
Daytime Phone		E-Mail	Marital Status
Beneficiaries in the event	above Plan, I hereby designate of my death prior to the date on pouse Primary Beneficiary, my	which my benefits commend	e to be paid under the Plan. If I
FRIMARI BENEFICIARI			
Beneficiary(ies)			
Address _			
City, State, Zip	_		
Birth Date			
Social Security No.			
Relationship _			
Percentage _			
If my Primary Beneficiary(under the terms of the abo		th, I designate the following	as my Alternate Beneficiary(ies)
ALTERNATE BENEFICIAR	Υ		
Beneficiary(ies)			
Address _			
City, State, Zip			
Birth Date			
Social Security No.			
Relationship _			
Percentage _			
Participant Signature		Plan Representative Signa	ture Date



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SPOUSAL CONSENT, MUST BE NOTARIZED

I hereby approve of, and consent to, the Beneficiary designation adopted by my spouse as provided above. I understand that I am entitled to receive a Spouse's benefit under the Plan unless I consent to a different Beneficiary designation. I also understand that the above designation has the effect of causing the death benefit under the Plan to be paid to another beneficiary. I further understand that my Spouse may not change the Primary Beneficiary designation hereof without first obtaining my written consent.

designation hereof without first obtaining my written	consent.	
Spouse Signature	Name of Spouse	Date
Subscribed and sworn before me on this	day of	, 20
Notary Signature / Name of Notary		
CERTIFICATION OF UNMARRIED PARTICIPANT, MUS	ST BE SIGNED BY PLAN REPRESE	NTATIVE OR NOTARIZED
,		
I hereby certify that I am not now married and I und	lerstand that if I should become ma	
	lerstand that if I should become ma	
I hereby certify that I am not now married and I und	lerstand that if I should become ma	
I hereby certify that I am not now married and I und	lerstand that if I should become ma	other beneficiary.
I hereby certify that I am not now married and I und would automatically become my Primary Beneficiar Participant Signature	derstand that if I should become mary, unless he or she consents to an	ture Date
I hereby certify that I am not now married and I und would automatically become my Primary Beneficiar Participant Signature	derstand that if I should become mary, unless he or she consents to an Plan Representative Signar	ture Date
I hereby certify that I am not now married and I und would automatically become my Primary Beneficiar Participant Signature Subscribed and sworn before me on this	lerstand that if I should become mary, unless he or she consents to an Plan Representative Signarday of	ture Date
I hereby certify that I am not now married and I und would automatically become my Primary Beneficiar Participant Signature Subscribed and sworn before me on this	lerstand that if I should become mary, unless he or she consents to an Plan Representative Signarday of	ture Date
I hereby certify that I am not now married and I und would automatically become my Primary Beneficiar Participant Signature Subscribed and sworn before me on this	Plan Representative Signarday of	ture Date , 20 , and no notary required.