

Iron Workers District Council of New England
Amended and Restated Pension Plan
Designation of Beneficiary/Contingent Beneficiary Form

Name (Last, First, Middle Initial) _____

Social Security Number _____

I understand that in the event of my death, the distribution of any amount payable from the ***Iron Workers District Council of New England Pension Plan*** will be made payable to the beneficiary(ies) designated below. I further understand that if I am married, my spouse shall be the designated beneficiary, unless I elect otherwise and my spouse consents to such election.

Beneficiary

Name _____

Social Security Number _____

Address _____

Birth Date _____

Relationship _____

In the event there is no beneficiary living at my death, I hereby designate as contingent beneficiary(ies):

Contingent Beneficiary

Name and Social Security Number _____

Address _____

Birth Date _____

Relationship _____

Name and Social Security Number _____

Address _____

Birth Date _____

Relationship _____

When more than one contingent beneficiary is designated, payment will be made in equal shares, unless designated otherwise, to each surviving contingent beneficiary, or the entire amount will be paid to the last survivor.

The right to change any of the above designations is reserved solely to the Participant. If the Participant is married and his/her spouse is not designated as the sole beneficiary, the spouse must consent to the Participant's beneficiary designation by signing this form.

Participant _____

Date _____

Spouse _____

Date _____

_____, ss.

Commonwealth/State of _____

On this _____ day of _____, 20_____, before me, the undersigned notary public, personally appeared _____ proved to me through satisfactory evidence of identification, which was _____ [personal knowledge or type of identification], to be the person whose name is signed on the preceding document.

Notary Public

My Commission Expires: