

IRON WORKERS DISTRICT COUNCIL OF NEW ENGLAND WELFARE FUND
DESIGNATION OF BENEFICIARY/CONTINGENT BENEFICIARY FORM

Name (Last, First, Middle Initial)

Social Security Number

Date of Birth

Local #

I understand that in the event of my death the distribution of any amount payable from the *Iron Workers District Council of New England Welfare Fund* will be made payable to the beneficiary (ies) designated below.

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 & Social Security Number: _____

Address: _____

Birth Date: _____ Relationship: _____

Name & Social Security Number: _____

Address: _____

Birth Date: _____ Relationship: _____

Name & Social Security Number: _____

Address: _____

Birth Date: _____ Relationship: _____

When more than one beneficiary/contingent beneficiary is designated, payment will be made in equal shares, 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.

Participant Signature

Date