

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

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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 Annuity 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:

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

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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:

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

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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: \_\_\_\_\_

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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.

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The right to change any of the above designations is reserved solely to the Participant.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date