

**SHEET METAL WORKERS' PENSION PLAN
OF SOUTHERN CALIFORNIA, ARIZONA AND NEVADA
P.O. BOX 10067, MANHATTAN BEACH, CA 90266
(800) 947-4338**

BENEFICIARY DESIGNATION FORM - PENSIONER

I, _____ (Pensioner) whose Social Security Number is _____
First Name Last Name

understand and acknowledge that the following beneficiary designation(s) are applicable only if, under the terms of the Plan and applicable law, in the event of my death benefits are payable to a beneficiary designated by me and not to some other individual or individuals, such as a surviving spouse or minor children.

I understand that if I designate two or more beneficiaries in a particular class of beneficiaries (primary or alternate), and do not indicate the percentage benefits ("Share Percentage") each is to receive, all such beneficiaries with unspecified share percentages will receive equal shares.

PRIMARY BENEFICIARY (OR BENEFICIARIES)

Name of beneficiary: _____ Relationship: _____

Address of beneficiary: _____

Social Security Number: _____ Share Percentage: _____

Name of beneficiary: _____ Relationship: _____

Address of beneficiary: _____

Social Security Number: _____ Share Percentage: _____

**ALTERNATE BENEFICIARY OR BENEFICIARIES
(in the event of death of Primary Beneficiary or Beneficiaries)**

Name of beneficiary: _____ Relationship: _____

Address of beneficiary: _____

Social Security Number: _____ Share Percentage: _____

Name of beneficiary: _____ Relationship: _____

Address of beneficiary: _____

Social Security Number: _____ Share Percentage: _____

Signature: _____ Date Signed: _____

(this form must be signed AND dated in order to be valid)

