

**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 _____ 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 a minor under age of 18.

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 of benefits ("Share Percentage") each is to receive; all such beneficiaries with unspecified percentages will receive equal shares.

PRIMARY BENEFICIARY (OR BENEFICIARIES)

Name of Primary Beneficiary: _____ Relationship: _____

Address of Primary Beneficiary: _____

Social Security Number: _____ Phone Number: _____ Share Percentage: _____

Please check box if beneficiary is a minor under the age of 18: Minor's Age: _____

Name of Minor's Parent/Legal Guardian: _____ Phone Number: _____

Address of Minor's Parent/Legal Guardian: _____

Name of Primary Beneficiary: _____ Relationship: _____

Address of Primary Beneficiary: _____

Social Security Number: _____ Phone Number: _____ Share Percentage: _____

Please check box if beneficiary is a minor under the age of 18: Minor's Age: _____

Name of Minor's Parent/Legal Guardian: _____ Phone Number: _____

Address of Minor's Parent/Legal Guardian: _____

ALTERNATE BENEFICIARY (OR BENEFICIARIES)

(In the event of death of Primary Beneficiary or Beneficiaries)

Name of Alternate Beneficiary: _____ Relationship: _____

Address of Alternate Beneficiary: _____

Social Security Number: _____ Phone Number: _____ Share Percentage: _____

Please check box if beneficiary is a minor under the age of 18: Minor's Age: _____

Name of Minor's Parent/Legal Guardian: _____ Phone Number: _____

Address of Minor's Parent/Legal Guardian: _____

Name of Alternate Beneficiary: _____ Relationship: _____

Address of Alternate Beneficiary: _____

Social Security Number: _____ Phone Number: _____ Share Percentage: _____

Please check box if beneficiary is a minor under the age of 18: Minor's Age: _____

Name of Minor's Parent/Legal Guardian: _____ Phone Number: _____

Address of Minor's Parent/Legal Guardian: _____

Name of Alternate Beneficiary: _____ Relationship: _____

Address of Alternate Beneficiary: _____

Social Security Number: _____ Phone Number: _____ Share Percentage: _____

Please check box if beneficiary is a minor under the age of 18: Minor's Age: _____

Name of Minor's Parent/Legal Guardian: _____ Phone Number: _____

Address of Minor's Parent/Legal Guardian: _____

Name of Alternate Beneficiary: _____ Relationship: _____

Address of Alternate Beneficiary: _____

Social Security Number: _____ Phone Number: _____ Share Percentage: _____

Please check box if beneficiary is a minor under the age of 18: Minor's Age: _____

Name of Minor's Parent/Legal Guardian: _____ Phone Number: _____

Address of Minor's Parent/Legal Guardian: _____

Signature: _____

Date Signed: _____

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