

# BOILERMAKER-BLACKSMITH NATIONAL PENSION TRUST DESIGNATION OF BENEFICIARY

Name \_\_\_\_\_ Register No. \_\_\_\_\_  
(FIRST) (MIDDLE INITIAL) (LAST) Soc. Sec. No. \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Home Lodge \_\_\_\_\_ Year First Worked at Trade \_\_\_\_\_

I have reviewed the choices available to me and, subject to the terms of the Boilermaker-Blacksmith National Pension Trust and I request that any sum becoming payable to a beneficiary under said trust by reason of my death be payable to the following beneficiary (ies). It is my understanding and desire that this designation shall operate so as to revoke all designations previously made by me under said trust.

**(Note: Give Full Name of Beneficiary – Example, Mary J. Smith, Not Mrs. John R. Smith)**

Name of Beneficiary	SS #	Related to me as	Date of Birth	Address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**PLEASE READ CAREFULLY (If more than one is named, the beneficiaries shall share equally unless otherwise specified).**

If any of the above beneficiaries predeceases me, such beneficiary's share shall be payable to the remaining designated beneficiary or beneficiaries, if any, who survive me.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_\_\_

Marital Status: Married  Single  Divorced  Widowed

If you are married and name any person other than your spouse as beneficiary, then your spouse must sign the following agreement.

**I AM AWARE OF MY BENEFIT OPTIONS AND I AGREE TO THE BENEFICIARY (IES) AS DESIGNATED ABOVE.**

Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_\_\_

**Return the completed card promptly as it is not valid until received in the Fund Office. Incomplete or invalid cards will not be honored. If you have any questions please call the Fund Office at 866-342-6555.**