



I.A.T.S.E PENSION FUND BENEFICIARY DESIGNATION

Participant's Social Security No: _____

Participant's Name: _____
First middle last

Participant's Address _____
Street

City state zip

Marital Status: Married Single Divorced

IMPORTANT: If no valid beneficiary designation is on file or if designation cannot otherwise be determined, beneficiary will be determined by the plan fiduciary according to plan documents and applicable law. If one or more of the beneficiaries predecease the participant, then any payment on account of the participant's death will be distributed equally among the surviving beneficiaries.

This designation supersedes any prior designation.

Primary Beneficiary: (check 1, 2 or both)

1. Spouse Primary Beneficiary:

Spouse's Name: _____ % of benefit: _____

Spouse's Social Security No.: _____ Spouse's Date of Birth: _____
mm/dd/yyyy

Spouse's Address: _____
Street

City state zip

Telephone Number or E-Mail Address: _____

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 417 Fifth Avenue, 3rd Floor, New York, NY 10016
 FAX: 212-792-8323**

2. **Non-Spouse or Multiple Primary Beneficiaries:** In addition to or in lieu of the election made above, I designate the following person(s) to receive my Pension account balance upon my death:

Name: _____	% of benefit: _____
Social Security No.: _____	Date of Birth: _____ mm/dd/yyyy
Relation to Participant: _____	
Address: _____	
Street	_____
City	state zip
Telephone Number or E-Mail Address: _____	

Name: _____	% of benefit: _____
Social Security No.: _____	Date of Birth: _____ mm/dd/yyyy
Relation to Participant: _____	
Address: _____	
Street	_____
City	state zip
Telephone Number or E-Mail Address: _____	

Name: _____	% of benefit: _____
Social Security No.: _____	Date of Birth: _____ mm/dd/yyyy
Relation to Participant: _____	
address: _____	
Street	_____
City	state zip
Telephone Number or E-Mail Address: _____	

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*If you are married and you have designated someone other than your spouse as primary beneficiary, please have your spouse provide consent below.

SPOUSAL CONSENT: I understand I have a legal right to a Joint & Survivor benefit of the Participant's account. I consent to waive that legal right in accordance with the beneficiary designation set forth above. I acknowledge that I have a right to limit my consent only to a specific beneficiary and that I voluntarily elect to relinquish such right. I further understand and acknowledge that if I sign this form, no Survivor benefits will be payable to me.

_____/_____/_____
Spouse's Signature Date

Witnessed: State _____ County _____

Before ME, I undersigned, a Notary Public, personally appeared _____, and proved to me through satisfactory evidence of identification which was/were _____, to be the person whose name is signed on the preceding document in my presence and who affirmed to me that they executed the above Consent of Spouse as a free and voluntary act.

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal this _____ day of _____,

_____/_____/_____
Notary Public Signature Date Date Commission Expires

PARTICIPANT SIGNATURE

I understand that this beneficiary designation supersedes any previous designation.

_____/_____/_____
Participant's Signature Date

FUND OFFICE AUTHORIZATION

I, the Plan administrator, certify, to the best of my knowledge, the above information is correct. If a married participant designated a Non-Spouse Primary Beneficiary, and the spouse's signature was not witnessed by a Notary Public, I certify I witnessed the spouse's signature agreeing to the designation.

Fund Administrator Date

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