

IATSE National Pension Fund Beneficiary Designation Form

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

This designation, upon receipt, supersedes any prior designation.

Marital Status Single Married Divorced Widow/Widower

Primary Beneficiary: COMPLETE THIS SECTION IF THE ONLY BENEFICIARY IS YOUR SPOUSE. To have your spouse listed along with other beneficiaries, or for beneficiaries other than your spouse, SKIP this box and complete #2 below.

1. Spouse/Primary Beneficiary:

Spouse's name: _____			
First	M.I.	Last	
Spouse's Social Security #: _____ / _____ / _____		Date of Birth: _____ / _____ / _____	
Spouse's Address: _____			
Number and Street			
_____		_____	_____
City	State	Zip code	
Telephone # _____	Cell Phone# _____	E-mail address: _____	

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

Name: _____			
First	M.I.	Last	
Social Security #: _____ / _____ / _____		Date of Birth: _____ / _____ / _____	
Address: _____			
Number and Street			
_____		_____	_____
City	State	Zip code	
Relationship to applicant: _____			
Telephone # _____	Cell Phone# _____	E-mail address: _____	

Name: _____
First M.I. Last

Social Security #: _____ / _____ / _____ Date of Birth: _____ / _____ / _____

Address: _____
Number and Street

City State Zip code

Relationship to applicant: _____

Telephone # _____ Cell Phone# _____ E-mail address: _____

Name: _____
First M.I. Last

Social Security #: _____ / _____ / _____ Date of Birth: _____ / _____ / _____

Address: _____
Number and Street

City State Zip code

Relationship to applicant: _____

Telephone # _____ Cell Phone# _____ E-mail address: _____

Name: _____
First M.I. Last

Social Security #: _____ / _____ / _____ Date of Birth: _____ / _____ / _____

Address: _____
Number and Street

City State Zip code

Relationship to applicant: _____

Telephone # _____ Cell Phone# _____ E-mail address: _____

****If you are married and have designated someone other than your spouse as your primary beneficiary, please have your spouse complete the consent form which follows****

