



**Annuity Fund of
Local No. One, I.A.T.S.E.**
320 West 46th Street, 6th Floor
New York, NY 10036
(212)247-5225

Instructions: Please use full legal names. All required information must be in ink. If a mistake is made, do not erase or correct the form; please use a new beneficiary designation form. If you have any questions, please contact the Fund Office.

ANNUITY FUND BENEFICIARY DESIGNATION FORM

Participant Name _____ **Social Security Number** _____

Street Address _____ City _____ State _____ Zip _____

Primary Beneficiary(ies)

[PLEASE NOTE that if you are married and wish to designate a beneficiary other than your spouse, you and your spouse MUST sign and execute a notarized waiver form or your designation will not be valid. Otherwise, if your primary beneficiary is not your spouse, by signing this form you hereby swear that you are not married. If you are married and subsequently divorce, you will need to submit a new beneficiary form if your spouse was your beneficiary.]

I hereby designate the following as my primary beneficiary(ies) to receive any benefits that may be payable after my death under the provisions of the Annuity Plan:

Primary Beneficiary Name _____ Beneficiary SSN _____ Relationship _____
Is the Beneficiary currently a Minor? No Yes, Please complete reverse side of form. **Percent of Share** _____ %
Street Address _____ City _____ State _____ Zip _____

Primary Beneficiary Name _____ Beneficiary SSN _____ Relationship _____
Is the Beneficiary currently a Minor? No Yes, Please complete reverse side of form. **Percent of Share** _____ %
Street Address _____ City _____ State _____ Zip _____

Primary Beneficiary Name _____ Beneficiary SSN _____ Relationship _____
Is the Beneficiary currently a Minor? No Yes, Please complete reverse side of form. **Percent of Share** _____ %
Street Address _____ City _____ State _____ Zip _____

Contingent Beneficiary(ies)

I hereby designate the following as my contingent beneficiary(ies) to receive any benefits that may be payable after my death if the primary beneficiary(ies) pre-decease me or die before receiving all of the benefits payable under the Plan:

Contingent Beneficiary Name _____ Beneficiary SSN _____ Relationship _____
Is the Beneficiary currently a Minor? No Yes, Please complete reverse side of form. **Percent of Share** _____ %
Street Address _____ City _____ State _____ Zip _____

Contingent Beneficiary Name _____ Beneficiary SSN _____ Relationship _____
Is the Beneficiary currently a Minor? No Yes, Please complete reverse side of form. **Percent of Share** _____ %
Street Address _____ City _____ State _____ Zip _____

Contingent Beneficiary Name _____ Beneficiary SSN _____ Relationship _____
Is the Beneficiary currently a Minor? No Yes, Please complete reverse side of form. **Percent of Share** _____ %
Street Address _____ City _____ State _____ Zip _____

Participant Signature: _____

Date: _____

Witness Signature: _____

Date: _____

Witness Print Name: _____

[PLEASE NOTE that the witness may not be a named beneficiary.]

For Annuity Beneficiaries Under Age 18:

If any of your beneficiaries are currently under age 18, please list an adult contact.

Name of Minor Beneficiary: _____

Adult Contact Name: _____

Adult Address: Street _____

City, State, Zip _____

Name of Minor Beneficiary: _____

Adult Contact Name: _____

Adult Address: Street _____

City, State, Zip _____

Name of Minor Beneficiary: _____

Adult Contact Name: _____

Adult Address: Street _____

City, State, Zip _____

Name of Minor Beneficiary: _____

Adult Contact Name: _____

Adult Address: Street _____

City, State, Zip _____