

DIVISION 1181 A.T.U.
NEW YORK EMPLOYEES PENSION FUND
20 NORTH CENTRAL AVENUE – 3RD FLOOR
VALLEY STREAM, NEW YORK 11580
(718) 845-5800 FAX: (718) 845-0105

PRE-RETIREMENT BENEFICIARY DESIGNATION FORM

Name of Participant: _____
 First Middle Last

Mailing Address: _____

Social Security No.: _____ Date of Birth: _____

Current Employer _____

Marital Status _____ Single & Never Married _____ Married _____ Divorced
 _____ Separated from Spouse _____ Widow / Widower

I hereby certify that I am not married. I hereby designate the following individual (s) as my beneficiary (ies) under the Division 1181 A.T.U. – New York Employees Pension Plan and direct all refunds or death benefits payable under this Pension Plan to my beneficiary (ies) in the event of my death prior to retirement. I understand that, if I am married for at least one year prior to my death, my spouse will be my beneficiary and my accrued benefit under the Plan will be paid in a Pre-Retirement Spousal Annuity and that my designation under this form will be void.

Primary Beneficiary

Name: _____ Relationship: _____

Address: _____

Birthdate: _____ Social Security No.: _____

Contingent Beneficiary

Name: _____ Relationship: _____

Address: _____

Birthdate: _____ Social Security No.: _____

Applicant's Signature

Date

Sworn and subscribed to before me this _____ day of _____, 20____.

Notary Public My commission expires: _____

Plan Representative

Date