Clear Form

United Association National Pension Fund - Beneficiary Designation

Instructions: Print using **ONLY** capital letters and using an ink pen. Read and follow Instructions for Completing the Beneficiary Designation Form to ensure that your form is completed properly.

Participant Information :

Social Security Number ___ - __ - ____ (Canada only) **Social Insurance Number** _________

First Name | Middle Name | Last Name

Jr., Sr., I, etc. | Birth Date __ / __ / ____ | Phone # (___) ___ - ____

Mailing Address (Street Address or P.O. Box, as applicable)

Sex ○ Male ○ Female

Mailing Address (Apt, Etc.)

Local Union# 0 0 3 2

City | State | Zip / Canadian Postal Code

PRIMARY BENEFICIARY: I hereby designate the following person(s) as my Primary Beneficiary(ies) to receive benefits, if any, payable at my death. Fill in **ALL** areas below for each Beneficiary.

First Name | Middle Name | Last Name

Jr., Sr., I, etc. | Birth Date __ / __ / ____ | Sex ○ Male ○ Female

Social Security Number ___ - __ - ____

Relationship: Select one. If 'Other', define the relationship on the line provided.

○ Spouse ○ Child ○ Other ______________

Social Insurance Number _________

Is the Beneficiary's address the same as the Participant's address? ○ Yes ○ No If 'No', complete the address section below.

Address ______________________________

City ______________ State ______ Zip/Canadian Postal Code ______

First Name | Middle Name | Last Name

Jr., Sr., I, etc. | Birth Date __ / __ / ____ | Sex ○ Male ○ Female

Social Security Number ___ - __ - ____

Relationship: Select one. If 'Other', define the relationship on the line provided.

○ Spouse ○ Child ○ Other ______________

Social Insurance Number _________

Is the Beneficiary's address the same as the Participant's address? ○ Yes ○ No If 'No', complete the address section below.

Address ______________________________

City ______________ State ______ Zip/Canadian Postal Code ______

First Name | Middle Name | Last Name

Jr., Sr., I, etc. | Birth Date __ / __ / ____ | Sex ○ Male ○ Female

Social Security Number ___ - __ - ____

Relationship: Select one. If 'Other', define the relationship on the line provided.

○ Spouse ○ Child ○ Other ______________

Social Insurance Number _________

Is the Beneficiary's address the same as the Participant's address? ○ Yes ○ No If 'No', complete the address section below.

Address ______________________________

City ______________ State ______ Zip/Canadian Postal Code ______

Designate Contingent and Successor Beneficiary(ies) on page 2.

NOTE: Signature required on page 2.

(Rev. 02/17)

8067646423

United Association National Pension Fund - Beneficiary Designation

1217646423
Bar Code No.

CONTINGENT and SUCCESSOR BENEFICIARY: If ALL Primary Beneficiary(ies) do not survive, I designate the following person(s) to be my Contingent Beneficiary(ies) to receive benefits, if any, that become due as a result of my death or that remain payable after the death of all the previously named Primary Beneficiary(ies).

First Name ______ Middle Name ______ Last Name ______

Jr., Sr., I, etc. ______ Birth Date __ / __ / ____ Sex ○ Male ○ Female

Social Security Number ___ - __ - ____

Relationship: Select one. If 'Other', define the relationship on the line provided.

○ Spouse ○ Child ○ Other ______

Social Insurance Number ______

Is the Beneficiary's address the same as the Participant's address? ○ Yes ○ No If 'No', complete the address section below.

Address ______

City ______ State ______ Zip/Canadian Postal Code ______

First Name ______ Middle Name ______ Last Name ______

Jr., Sr., I, etc. ______ Birth Date __ / __ / ____ Sex ○ Male ○ Female

Social Security Number ___ - __ - ____

Relationship: Select one. If 'Other', define the relationship on the line provided.

○ Spouse ○ Child ○ Other ______

Social Insurance Number ______

Is the Beneficiary's address the same as the Participant's address? ○ Yes ○ No If 'No', complete the address section below.

Address ______

City ______ State ______ Zip/Canadian Postal Code ______

First Name ______ Middle Name ______ Last Name ______

Jr., Sr., I, etc. ______ Birth Date __ / __ / ____ Sex ○ Male ○ Female

Social Security Number ___ - __ - ____

Relationship: Select one. If 'Other', define the relationship on the line provided.

○ Spouse ○ Child ○ Other ______

Social Insurance Number ______

Is the Beneficiary's address the same as the Participant's address? ○ Yes ○ No If 'No', complete the address section below.

Address ______

City ______ State ______ Zip/Canadian Postal Code ______

I understand that I may change this Beneficiary Designation at any time by filing a new Beneficiary Designation Form with the Fund Office. However, I also understand that, in accordance with the Retirement Equity Act of 1984, if I am married when I retire, my spouse must give written consent to my designation of beneficiaries. **Note:** If you are already retired and Spousal Consent is needed in order to accept your form, the Fund Office will provide you with the additional forms as needed in order to complete your designation.

NOTE: Complete page 1 first.

______ __ / __ / ____

Signature **Date:**

You must **sign and date the form** in order for your designation to be accepted by the Fund Office.