

Participant Information :

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

NOTE: Signature required on page 2.

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.

PLEASE NOTE: This form must be mailed via USPS to:

**United Association
National Pension Fund
103 Oronoco Street
Alexandria, VA 22314-2055**

The National Pension Fund only accepts original signatures in ink. No electronic submissions for Designation of Beneficiary are accepted.