Northwest Sheet Metal Workers
Pension Trust

BENEFICIARY FORM

Mark all that apply: ☐ Pension Plan ☐ Supplemental Pension Plan (401k) ☐ Change in Beneficiary

PARTICIPANT INFORMATION:

Participant's Name:* _____ SSN:* _____

Address*: _____ Date of Birth: * _____

Address:* _____ Email: _____

_____ Sex:* ☐ Male ☐ Female

City State Zip Code

Phone No.: _____ Local Union No.: _____

Present Employer: _____ Employment Date: _____

Marital Status:* ☐ Married ☐ Single, never married ☐ Divorced ☐ Widowed ☐ Other

Spouse's Name: _____ Date of Marriage: _____

*** Required to properly value your pension and keep you informed.**

BENEFICIARY INFORMATION:

Name of Beneficiary: _____ Relationship: _____

Address: _____ Date of Birth: _____

_____ SSN: _____

City State Zip Code

IMPORTANT: Federal Law requires a married participant to name his or her spouse as the sole beneficiary of pension plan benefits unless the spouse consents in writing (next section) to another primary beneficiary designation. For a married Participant, federal law (ERISA) requires that the Plan's normal form of retirement is a Joint and 50% Survivor Annuity. The Joint and Survivor 50% Annuity provides a reduced lifetime pension, and after your death, a lifetime pension for your surviving spouse equal to one-half of the monthly pension paid to you if your spouse survives you. If you have named a person other than your spouse as your beneficiary, your spouse must complete the spousal consent (next section) on the reverse side of this form. Your spouse's signature must be witnessed by a Notary Public or a Plan Representative.

EMPLOYEE'S SIGNATURE: _____ **DATE**: _____

Administered by A&I Benefit Plan Administrators, Inc.
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