



# International Painters and Allied Trades Industry Pension Fund

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pension@iupat.org · www.iupat.org

## Beneficiary Designation

Complete and submit this form to the Fund office to change your beneficiary of record.

### Section A: Participant/Annuitant Information

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
*First Middle Last*

### Section B: Beneficiary Information - US Pension

I hereby designate the following person as my Beneficiary to receive the lump sum death benefit, if any, payable at my death under the Rules and Regulations of the IUPAT Industry **Pension Plan**.

Name: \_\_\_\_\_  
*First Middle Last SSN DOB*

Address: \_\_\_\_\_  
*Street City State Zip Code*

In addition, I hereby designate the following person as my Contingent Beneficiary in case my above-named Beneficiary does not survive me.

Name: \_\_\_\_\_  
*First Middle Last SSN DOB*

Address: \_\_\_\_\_  
*Street City State Zip Code*

### Section C: Beneficiary Information - Annuity

I hereby designate the following person as my Beneficiary to receive the lump sum death benefit, if any, payable at my death under the Rules and Regulations of the IUPAT Industry **Annuity Plan**.

Name: \_\_\_\_\_  
*First Middle Last SSN DOB*

Address: \_\_\_\_\_  
*Street City State Zip Code*

In addition, I hereby designate the following person as my Contingent Beneficiary in case my above-named Beneficiary does not survive me.

Name: \_\_\_\_\_  
*First Middle Last SSN DOB*

Address: \_\_\_\_\_  
*Street City State Zip Code*

