

## **International Painters and Allied Trades**

Industry Pension Fund

7234 Parkway Drive • Hanover, MD 21076 Telephone: (410) 564 -5500 • Toll Free: (800) 554-2479 • Fax: (866) 656-4160 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 <sup>.</sup>			SSN			
	First	Middle	Last				
	Section B: Beneficiary Information - US Pension						
	   I hereby designate th	ne following person as m	ny Beneficiary to recei	ive the lump sum dea	ath benefit. if any.		
		under the Rules and Regul					
	Name:	Middle	Last	SSN	DOB		
	FIISL	Wildule	Last	55/4	DOB		
	Address:			<u></u>			
	Street		City	State	Zip Code		
		designate the following president of the second sec	person as my Continge	ent Beneficiary in case	e my above-named		
	Beneficiary does not s	survive me.					
	Name:						
	First	Middle	Last	SSN	DOB		
	Address:						
	Street		City	State	Zip Code		
Section C: Beneficiary Information - Annuity							
		ne following person as m	•	•	ath benefit, if any,		
	payable at my death t	under the Rules and Regul	ations of the IUPAT Ind	iustry <b>Annuity Plan</b> .			
	Name:						
	First	Middle	Last	SSN	DOB		
	Address:						
	Street		City	State	Zip Code		
	In addition. I hereby	designate the following p	person as my Continge	ent Beneficiary in case	when we have a more that w		
	Beneficiary does not s				any above named		
	Name:	Middle	Last	SSN	DOB		
			2000	55.			
	Address:		City	State	Zip Code		
	Sireet		City	Sille	zip coue		

Section D: Participant Authorization					
	I hereby request the International Painters and Allied Trades Industry Pension Fund to change my beneficiary of record as stated above. I understand that this form must be notarized and received by the Fund for processing to occur.				
	Participant/Annuitant Signature: Date:// <i>Must be signed in the presence of a Notary Public.</i>				
Section E: Spousal Death Benefit Waiver					
	I hereby waive my rights to the above participant's pre-retirement death benefits. I understand that by making this choice there in revocation and the parties listed above have full right and authority to claim any death benefits issued by the International Painters and Allied Trades Industry Pension Fund. I waive my rights to my legal spouse's pre-retirement death benefit and understand the above implications.				
	Spouse Signature: Date://				
	Must be signed in the presence of a Notary Public.				
	Participant/Annuitant Signature: Date:// <i>Must be signed in the presence of a Notary Public.</i>				
Section F: Notary Public Verification					
	STATE OF COUNTY OF				
	Before me, a Notary Public, on this day personally appearedknown to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for purposes and consideration therein expressed.				
	Given under my hand and seal of office this day of, 20				
	Signature of Notary Public     Commission Expires     (SEAL)				

Please return this form to the Fund office at the address listed above. Please note any changes are effective upon receipt of this form in the Fund office.