



## Steamfitters' Designation of Beneficiaries

**IMPORTANT:**

1. Be sure to designate a Beneficiary for each Fund.
2. If you choose you may designate a Contingent Beneficiary (to be paid a benefit if your named Beneficiary pre-deceases you).
3. Please contact the Fund Office for instructions if you wish to name either multiple Beneficiaries or multiple Contingent Beneficiaries.
4. The designations of this card supersede any designations previously filed.
5. Please complete both sides of the form.
6. Print in ink. Be sure all signatures, witness signatures and dates are completed in all sections.

If more than one beneficiary is named, the death benefit, unless otherwise provided herein, will be paid in equal shares to the designated beneficiaries who survive the employee. If no such beneficiary survives, payment will be made in accordance with the terms of this policy.

Participant \_\_\_\_\_  
Name SS# (First 5 digits only) or Book Number

### THE STEAMFITTERS' INDUSTRY SECURITY BENEFIT FUND

Beneficiary \_\_\_\_\_  
First Name Middle Initial Last Name

Beneficiary's SS#: \_\_\_\_\_ Beneficiary's Date of Birth: \_\_\_\_\_

Beneficiary's Phone #: \_\_\_\_\_ Relationship to Participant (If Any): \_\_\_\_\_

Beneficiary's Address \_\_\_\_\_  
Street  
City & State Zip Code

Contingent Beneficiary's \_\_\_\_\_  
First Name Middle Initial Last Name

Contingent Beneficiary's SS#: \_\_\_\_\_ Contingent Beneficiary Date of Birth: \_\_\_\_\_

Contingent Beneficiary's Phone #: \_\_\_\_\_ Relationship to Participant (If Any): \_\_\_\_\_

Contingent Beneficiary's Address \_\_\_\_\_  
Street  
City & State Zip Code

➡ \_\_\_\_\_  
Participant's signature Date

➡ \_\_\_\_\_  
Witness (Someone other than Beneficiary) Date

## THE STEAMFITTERS' INDUSTRY VACATION PLAN

Beneficiary \_\_\_\_\_  
*First Name Middle Initial Last Name*

Beneficiary's SS#: \_\_\_\_\_ Beneficiary's Date of Birth: \_\_\_\_\_

Beneficiary's Phone #: \_\_\_\_\_ Relationship to Participant (If Any): \_\_\_\_\_

Beneficiary's Address \_\_\_\_\_  
*Street*

\_\_\_\_\_ *City & State Zip Code*

Contingent Beneficiary's \_\_\_\_\_  
*First Name Middle Initial Last Name*

Contingent Beneficiary's SS#: \_\_\_\_\_ Contingent Beneficiary Date of Birth: \_\_\_\_\_

Contingent Beneficiary's Phone #: \_\_\_\_\_ Relationship to Participant (If Any): \_\_\_\_\_

Contingent Beneficiary's Address \_\_\_\_\_  
*Street*

\_\_\_\_\_ *City & State Zip Code*

➔ \_\_\_\_\_  
*Participant's signature Date*

➔ \_\_\_\_\_  
*Witness (Someone other than Beneficiary) Date*

## THE STEAMFITTERS' INDUSTRY WELFARE FUND

Beneficiary \_\_\_\_\_  
*First Name Middle Initial Last Name*

Beneficiary's SS#: \_\_\_\_\_ Beneficiary's Date of Birth: \_\_\_\_\_

Beneficiary's Phone #: \_\_\_\_\_ Relationship to Participant (If Any): \_\_\_\_\_

Beneficiary's Address \_\_\_\_\_  
*Street*

\_\_\_\_\_ *City & State Zip Code*

Contingent Beneficiary's \_\_\_\_\_  
*First Name Middle Initial Last Name*

Contingent Beneficiary's SS#: \_\_\_\_\_ Contingent Beneficiary Date of Birth: \_\_\_\_\_

Contingent Beneficiary's Phone #: \_\_\_\_\_ Relationship to Participant (If Any): \_\_\_\_\_

Contingent Beneficiary's Address \_\_\_\_\_  
*Street*

\_\_\_\_\_ *City & State Zip Code*

➔ \_\_\_\_\_  
*Participant's signature Date*

➔ \_\_\_\_\_  
*Witness (Someone other than Beneficiary) Date*