



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

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

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