



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 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 Card Number / Book Number

THE STEAMFITTERS' INDUSTRY SECURITY BENEFIT FUND

Beneficiary _____
First Name Middle Initial Last Name

Beneficiary's Date of Birth: _____ 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 Date of Birth: _____ 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 Date of Birth: _____ 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 Date of Birth: _____ 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 Date of Birth: _____ 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 Date of Birth: _____ Phone #: _____

Relationship to Participant (If Any): _____

Contingent Beneficiary's Address _____
Street

_____ *City & State* *Zip Code*

➡ _____
Participant's signature _____ Date _____