

STEAMFITTERS LOCAL #449

Important instructions: This card must be completed (in its entirety) by the member only.

MEMBER INFORMATION



Last Name (Please Print All Information)		First Name		Middle Name	Social Security No.		
Home Address				City, State, Zip Code		Date of Birth / /	Local Union No.
Area Code ()	Telephone No.		Circle One Single Divorced Widowed Married Separated		Date of Marriage / /		Date of Divorce / /
I hereby certify the beneficiary information provided herein is true and correct.							
X _____ Signature (Do Not Print)				Date			
X _____ Witness (Cannot be a Beneficiary)				Date			

STEAMFITTERS LOCAL #449 PENSION FUND DESIGNATION OF BENEFICIARY

If you are married and you are not designating your spouse as your primary beneficiary, you must contact the Plan Office for the appropriate forms.

(1) Primary Beneficiary	Social Security No.	%	Relationship	Date of Birth
(1) Beneficiary's Address		City, State, Zip Code		
(2) Primary Beneficiary	Social Security No.	%	Relationship	Date of Birth
(2) Beneficiary's Address		City, State, Zip Code		
(3) Primary Beneficiary	Social Security No.	%	Relationship	Date of Birth
(3) Beneficiary's Address		City, State, Zip Code		

Contingent Beneficiary = Individual entitled to receive the benefit if the primary beneficiary(ies) die(s)

Contingent Beneficiary	Social Security No.	%	Relationship	Date of Birth
Contingent Beneficiary's Address		City, State, Zip Code		

For additional beneficiaries and/or contingent beneficiaries, please attach separate sheet.