

# IUPAT Pension Fund Beneficiary Designation

Member's Name (Last) (First) (Initial) (SS#)

I hereby designate the following person as my Beneficiary to receive the lump sum death benefit, if any, payable at my death under the Rules and Regulations of the IUPAT Industry **PENSION PLAN**.

Name (Last) (First) (Initial) (SS#)

Address (Street)

(City) (State) (Zip Code) (Relation)

In addition, I hereby designate the following person as my Contingent Beneficiary in case my above-named Beneficiary does not survive me.

Name (Last) (First) (Initial) (SS#)

Address (Street)

(City) (State) (Zip Code) (Relation)

I hereby designate the following person as my Beneficiary to receive preretirement benefits other than the Preretirement Surviving Spouse Benefit, if any, payable at my death under the Rules and Regulations of the IUPAT Industry **ANNUITY PLAN**.

Fold along this line, seal and mail

Name (Last) (First) (Initial) (SS#)

Address (Street)

(City) (State) (Zip Code) (Relation)

In addition, I hereby designate the following person as my Contingent Beneficiary in case my above-named Beneficiary does not survive me.

Name (Last) (First) (Initial) (SS#)

Address (Street)

(City) (State) (Zip Code) (Relation)

I understand that I may change this Designation of Beneficiary at any time on a form supplied by the Trustees for that purpose and filed with the Fund Office.

Signature Date

Witness Date

Signature of Witness





PLACE  
STAMP  
HERE

**INTERNATIONAL PAINTERS AND  
ALLIED TRADES INDUSTRY PENSION FUND**  
7234 PARKWAY DRIVE  
HANOVER, MD 21076

