



International Painters and Allied Trades Industry Pension Fund

7234 Parkway Drive · Hanover, MD 21076
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pension@iupat.org · www.iupatpension.org

Beneficiary Designation

Complete and submit this form to the Fund office to change your beneficiary of record. Incomplete forms will not be entered and may affect your beneficiary designation.

Section A: Participant/Annuitant Information

Name: _____
First Middle Last SSN/Alt ID/Member ID Phone

Section B: Beneficiary Information - US Pension

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: _____
First M.I. Last SSN DOB Relationship

Address: _____
Street City State Zip Code Phone

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

Name: _____
First M.I. Last SSN DOB Relationship

Address: _____
Street City State Zip Code Phone

Section C: Beneficiary Information - Annuity

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 **Annuity Plan**.

Name: _____
First M.I. Last SSN DOB Relationship

Address: _____
Street City State Zip Code Phone

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

Name: _____
First M.I. Last SSN DOB Relationship

Address: _____
Street City State Zip Code Phone

Section D: Participant Authorization

I hereby request the International Painters and Allied Trades Industry Pension Fund to change my beneficiary of record as stated above. I understand that this form must be notarized and received by the Fund for processing to occur.

Participant/Annuitant Signature: _____ Date: ___ / ___ / ___

Must be signed in the presence of a Notary Public

Section E: Spousal Death Benefit Waiver

I hereby waive my rights to the above participant's pre-retirement death benefits. I understand that by making this choice there in revocation and the parties listed above have full right and authority to claim any death benefits issued by the International Painters and Allied Trades Industry Pension Fund.

I waive my rights to my legal spouse's pre-retirement death benefit and understand the above implications.

Spouse Signature: _____ Date: ___ / ___ / ___

Must be signed in the presence of a Notary Public.

Participant/Annuitant Signature: _____ Date: ___ / ___ / ___

Must be signed in the presence of a Notary Public.

Section F: Notary Public Verification

STATE OF _____ COUNTY OF _____

Before me, _____ a Notary Public, on this day personally appeared _____
Print Notary Name

known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 20 ____.

Signature of Notary Public

Commission Expires

(SEAL)

IF SECTION E IS COMPLETED:

STATE OF _____ COUNTY OF _____

Before me, _____ a Notary Public, on this day personally appeared _____
Print Notary Name

known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 20 ____.

Signature of Notary Public

Commission Expires

(SEAL)

OR Section G: Local Union or District Council Verification

Local Union or District Council _____ City, State _____

Before me, an Office Worker from the above LU/DC, on this day personally appeared _____
known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for purposes and consideration therein expressed.

Signature of LU/DC Office Worker

Name of LU/DC Office Worker

Phone

**Please return this form to the Fund office at the address listed above.
Please note any changes are effective upon receipt of a completed form in the Fund office.**