

**BOILERMAKER-BLACKSMITH NATIONAL PENSION TRUST
BOILERMAKERS NATIONAL HEALTH AND WELFARE FUND**

DESIGNATION OF BENEFICIARY

Name _____
(First) (Middle Initial) (Last)

Register No. _____

Soc. Sec. No. _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Home Lodge _____ Year first worked at trade _____

I have reviewed the choices available to me and, subject to the terms of the Boilermaker-Blacksmith National Pension Trust and the terms of any group insurance policy issued to the Boilermakers National Health and Welfare Fund, I request that any sum becoming payable to a beneficiary under said trust or group insurance policy by reason of my death be payable to the following beneficiary (ies). It is my understanding and desire that this designation shall operate so as to revoke all designations previously made by me under said trust or group insurance policy.

(NOTE: Give full name of beneficiary - Example, Mary J. Smith, not Mrs. John R. Smith)

Name of Beneficiary	SS #	Related to me as	Date of Birth	Address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PLEASE READ CAREFULLY (IF MORE THAN ONE IS NAMED, THE BENEFICIARIES SHALL SHARE EQUALLY UNLESS OTHERWISE SPECIFIED. PLACE A #1 BY PRIMARY BENEFICIARY(IES) AND A #2 FOR CONTINGENT BENEFICIARY(IES) IN THE EVENT ALL PRIMARY BENEFICIARY(IES) PREDECEASE YOU). If any of the above beneficiaries predecease me, such beneficiary's share shall be payable to the remaining designated beneficiary or beneficiaries, if any, who survive me.

Your Signature _____ DATE _____ 20 _____

Marital Status: Married Single Divorced Widowed

If you are married and name any person other than your spouse as beneficiary, then your spouse must sign the following agreement.

I am aware of my benefit options and I agree to the beneficiary (ies) as designated above.

Signature of Spouse _____ DATE _____ 20 _____

If you do not wish to designate the same beneficiary under the Health and Welfare Fund and the Pension Trust, you may request separate beneficiary cards from the Fund Office. If you have any questions please contact the Fund Office.