Construction & Metal Trades Divisions





27-08 40th Avenue, 2nd Floor Long Island City, NY 11101-3725 (212) 465-8888 www.steamfitters.com FundOffice@steamny.com

Date

Steamfitters' Designation of Beneficiaries

IMPORTANT:

- 1. Be sure to designate a Beneficiary for each Fund.
- 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.

Participant's signature

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
		ERS' INDUSTRY SECURITY B	
Beneficiary	First Name	Middle Initial	Last Name
Beneficiary's Date of Birth:			
Relationship t	o participant (If Any):		
Beneficiary's	AddressStreet		
	City & St	ate	Zip Code
Contingent Be	eneficiary's	Middle Initial	Last Name
Contingent Be	eneficiary's Date of Birth:	Phone #:	
Relationship t	o Participant (If Any):		
Contingent Be	eneficiary's Address		
	Street		
	City & St	ate	Zip Code



THE STEAMFITTERS' INDUSTRY VACATION PLAN

Beneficiary First Nam	ne	Middle Initial	Last Name
		Phone #:	
			 .
Beneficiary's Address	Street	<u>k</u> 1	
	City & State		Zip Code
Contingent Beneficiary's			Zip Code
contingence beneficiary <u>s</u>	First Name	Middle Initial	Last Name
Contingent Beneficiary's Dat	te of Birth:	Phone #:	
Relationship to Participant (If Any):		
Contingent Beneficiary's Add			
	Street		
	City & State		Zip Code
•			
Participant's signature			Date
Beneficiary	ne	Middle Initial	Last Name
Beneficiary's Date of Birth:		Phone #:	
Relationship to participant (If Any):		
Beneficiary's Address			
	Street		
-	Street City & State		
Contingent Beneficiary's	City & State		Zip Code
	City & State	Middle Initial	17)
	City & State	Middle Initial	Zip Code Last Name
Contingent Beneficiary's Dat	City & State First Name te of Birth:	Middle Initial Phone #:	Zip Code Last Name
Contingent Beneficiary's Dat Relationship to Participant (I	City & State First Name e of Birth:	Middle Initial Phone #:	Zip Code Last Name
Contingent Beneficiary's Dat Relationship to Participant (I	City & State First Name e of Birth: If Any):	Middle Initial Phone #:	Zip Code Last Name
Contingent Beneficiary's Dat Relationship to Participant (I	City & State First Name te of Birth: If Any): dress Street	Middle Initial Phone #:	Zip Code Last Name