



## Steamfitters' Designation of Beneficiaries

**IMPORTANT:**

1. Be sure to designate a Beneficiary for each Fund.
2. 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.
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

### THE STEAMFITTERS' INDUSTRY SECURITY BENEFIT FUND

Beneficiary \_\_\_\_\_  
First Name Middle Initial Last Name

Beneficiary's Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to participant (If Any): \_\_\_\_\_

Beneficiary's Address \_\_\_\_\_  
Street

\_\_\_\_\_ City & State Zip Code

Contingent Beneficiary's \_\_\_\_\_  
First Name Middle Initial Last Name

Contingent Beneficiary's Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to Participant (If Any): \_\_\_\_\_

Contingent Beneficiary's Address \_\_\_\_\_  
Street

\_\_\_\_\_ City & State Zip Code

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date



## THE STEAMFITTERS' INDUSTRY VACATION PLAN

Beneficiary \_\_\_\_\_  
*First Name* *Middle Initial* *Last Name*

Beneficiary's Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to participant (If Any): \_\_\_\_\_

Beneficiary's Address \_\_\_\_\_  
*Street*

\_\_\_\_\_ *City & State* *Zip Code*

Contingent Beneficiary's \_\_\_\_\_  
*First Name* *Middle Initial* *Last Name*

Contingent Beneficiary's Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to Participant (If Any): \_\_\_\_\_

Contingent Beneficiary's Address \_\_\_\_\_  
*Street*

\_\_\_\_\_ *City & State* *Zip Code*

➔ \_\_\_\_\_  
Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

## THE STEAMFITTERS' INDUSTRY WELFARE FUND LIFE INSURANCE BENEFICIARY

Beneficiary \_\_\_\_\_  
*First Name* *Middle Initial* *Last Name*

Beneficiary's Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to participant (If Any): \_\_\_\_\_

Beneficiary's Address \_\_\_\_\_  
*Street*

\_\_\_\_\_ *City & State* *Zip Code*

Contingent Beneficiary's \_\_\_\_\_  
*First Name* *Middle Initial* *Last Name*

Contingent Beneficiary's Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to Participant (If Any): \_\_\_\_\_

Contingent Beneficiary's Address \_\_\_\_\_  
*Street*

\_\_\_\_\_ *City & State* *Zip Code*

\_\_\_\_\_ Participant's signature \_\_\_\_\_ Date \_\_\_\_\_