

## CALIFORNIA FIELD IRONWORKERS TRUST FUNDS

Pension Trust • Welfare Plan • Vacation Trust Apprenticeship Training & Journeyman Retraining Fund

## **Active Participant Designation of Beneficiary Form**

(All Benefits Except Annuity Trust)

Complete this form to designate beneficiaries for benefits from the SRB, Vacation Trust, the Welfare Fund, and the Pension Fund. Complete this form in ink and do not use white out or cross out information. Contact the Trust Fund Office if you need another form.

I. Participant Information							
Name:							
Address:	st Middle		First	City:			
State:		_ Zip	Code:	SSN:		Gender: M F	
Telephone Number:			Date of Birth:		Local Un	Local Union:	
Marital Status (check all that apply): Single Married / Name of Spouse:							
II. Beneficiary Designations			Divorced / Date: Legally Separate			Oate:	
I hereby designate the following as my beneficiary(ies) for the benefits listed below. If you name more than one beneficiary for each Fund, benefits will be divided equally among your surviving beneficiaries unless a specific percentage is provided.							
FUND	BENEFICIARY'S NAM	1E		ADDRESS		RELATIONSHIP	
SRB							
VACATION							
WELFARE FUND DEATH BENEFIT (Including AD&D)							
PENSION FUND (Pre-Retirement Death Benefit)							
I understand that my beneficiary designations specified above remain in effect until I notify the Trust Fund Office in writing that I revoke one or more of the designations, specifying which designations are revoked, or until I file a new designation of beneficiary form with the Trust Fund Office. I further understand that if, as a result of my death, my surviving spouse is entitled to a pre-retirement surviving spouse benefit from the Pension Fund, no other benefits will be payable from the Pension Fund, and my designation of beneficiary(ies) for the Pension Fund will be void.							
Participant's Signature: Date:							