CALIFORNIA & VICINITY FIELD IRONWORKERS ANNUITY TRUST
131 No. El Molino Avenue Suite 330 Pasadena, CA 91101
Tel: (626) 792-7337 or (800) 527-4613

Retiree Participant Designation of Beneficiary Form

(Annuity Trust Only)

Complete this form to designate a beneficiary for your account balance in the Annuity Plan in event you die before you receive your funds. 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: _____ Member ID:

Address: _____ City, State, ZIP _____

Telephone Number: _____ Date of Birth: _____ Local Union: _____

Marital Status *(check all that apply)*: ☐ Single ☐ Married / Name of Spouse: _____

☐ Divorced / Date: _____ ☐ Legally Separated / Date: _____

II. Beneficiary Designation for Post-Retirement Death Benefit payable from the Annuity Plan.

I hereby designate the following as my beneficiary(ies) under the plan. I understand that if I am married at the time of my death, my surviving spouse will be entitled to any benefits payable from the plan, and no benefit will be payable to my beneficiary(ies) designated hereunder.

If you name more than one primary or contingent beneficiary, any benefits will be divided equally between your beneficiaries unless a specific percentage is provided. **In addition to their name and relationship, the SSN. date birth and address for each beneficiary and contingent beneficiary MUST be provided.**

NAME OF PRIMARY BENEFICIARY #1 | RELATIONSHIP | DATE OF BIRTH | SOCIAL SECURITY NUMBER

ADDRESS | CITY | STATE | ZIP CODE

NAME OF PRIMARY BENEFICIARY #2 | RELATIONSHIP | DATE OF BIRTH | SOCIAL SECURITY NUMBER

ADDRESS | CITY | STATE | ZIP CODE

If there are no primary beneficiaries living at the time of my death, I designate the following beneficiaries:

NAME OF CONTINGENT BENEFICIARY #1 | RELATIONSHIP | DATE OF BIRTH | SOCIAL SECURITY NUMBER

ADDRESS | CITY | STATE | ZIP CODE

NAME OF CONTINGENT BENEFICIARY #2 | RELATIONSHIP | DATE OF BIRTH | SOCIAL SECURITY NUMBER

ADDRESS | CITY | STATE | ZIP CODE

This Beneficiary Designation hereby revokes and replaces any previous Beneficiary Designation I have filed for the Annuity Fund. I understand that this Beneficiary Designation remains in effect until I notify the Trust Fund Office in writing that I revoke my beneficiary designation(s) for the Annuity Fund or until I file a new properly completed and signed Beneficiary Designation for the Annuity Fund with the Trust Fund Office.

Participant's Signature: _____ Date: _____