



**CALIFORNIA IRONWORKERS FIELD PENSION TRUST
CALIFORNIA IRONWORKERS FIELD WELFARE PLAN**

Retiree Participant Designation of Beneficiary Form

(All Benefits Except Annuity Trust)

Complete this form to designate beneficiaries for benefits from the SRB, 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: _____

Last Middle First

Address: _____ City: _____

State: _____ Zip Code: _____ Member ID: _____

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

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

Pension Type Elected at Retirement: Single Life 50% Husband & Wife 75% Husband & Wife 100% Husband & Wife

II. Beneficiary Designations

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. ***Please be advised that a Living Trust may only be named as a beneficiary for the Annuity Trust and therefore should not be listed on this form.*** In addition to their name and relationship, **the SSN, date of birth (DOB) and address for each beneficiary MUST be provided.**

FUND	BENEFICIARY NAME / DOB / SSN	ADDRESS	RELATIONSHIP
SRB (If balance remains)			
WELFARE FUND DEATH BENEFIT (If elected and no AD&D is available)			
PENSION FUND 36mth Guarantee and/or 13th Check (If no Husband and Wife Benefit Elected)			

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 I am married at the time of my death, my surviving spouse will be entitled to any Pension Fund benefits payable from the Plan and no benefits will be payable to my beneficiary (ies) designated hereunder.**

Participant's Signature: _____ Date: _____