



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: \_\_\_\_\_ SSN: \_\_\_\_\_

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.

NAME OF PRIMARY BENEFICIARY #1 ADDRESS RELATIONSHIP DATE OF BIRTH

NAME OF PRIMARY BENEFICIARY #2 ADDRESS RELATIONSHIP DATE OF BIRTH

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

NAME OF CONTINGENT BENEFICIARY #1 ADDRESS RELATIONSHIP DATE OF BIRTH

NAME OF CONTINGENT BENEFICIARY #2 ADDRESS RELATIONSHIP DATE OF BIRTH

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: \_\_\_\_\_