



Sheet Metal Workers Local 46

Beneficiary Designation Form

About You:

Fund: (Select one) Pension: ___ Health: ___ Annuity: ___ All: ___

Social Security Number: _____ Date _____

First Name: _____ MI _____ Last Name _____

Street Address: _____

City: _____ State _____ Zip Code _____

Daytime Telephone Number: _____ - _____ - _____ Email _____

Your Beneficiary Designation:

If needed please list additional beneficiaries, along with percentages they are to receive on the reverse side of this form. Indicate whether the additional beneficiary(ies) is (are) primary or secondary.

(A-1) Primary Beneficiary(ies)	(B-1) Secondary Beneficiary(ies)
Full Legal Name:	Full Legal Name:
Relationship to You	Relationship to You:
Address:	Address:
Social Security Number:	Social Security Number:
Percentage of Benefit: %	Percentage of Benefit: %
Date of Birth:	Date of Birth:
(A-2) Primary Beneficiary(ies)	(B-2) Secondary Beneficiary(ies)
Full Legal Name:	Full Legal Name:
Relationship to You:	Relationship to You:
Address:	Address:
Social Security Number:	Social Security Number:
Percentage of Benefit: %	Percentage of Benefit: %
Date of Birth:	Date of Birth:

Please use whole percentages, the total sum of percentages must equal 100%.

Your Authorization:

In signing below I hereby designate as beneficiary(ies), at the specified percentage(s), the individuals as indicated above (and on the reverse side if needed).

Signature: _____ Date: ___/___/___

Witness Signature: _____

Print Witness Name: _____

Did you Remember to: • Sign the Form • Initial any changes • Use whole numbers