

Roofer's Local No. 44 Pension Plan

Designation of Beneficiary

In accordance with the provisions of the Roofers' & Waterproofers' Local No. 44 Pension Fund, I hereby designate the following beneficiary (or beneficiaries) to receive any benefit, or benefits, payable upon my death under the terms of the Fund and also do hereby revoke all previous designations of beneficiaries, if any, made by me under the Fund.

Name of Beneficiary _____ Relationship _____
Address of Beneficiary _____ SSN _____
_____ Birthdate _____
_____ phone number _____

If more than one beneficiary is to be named, use space below for same information.

(Member's signature)

(Date)

(Member's name- Please Print)

(SSN)

NOTE: If all designated beneficiaries predecease you, or if you fail to designate a beneficiary or if you designated beneficiaries disclaim the benefits payable under the Fund, the benefit will be payable the first surviving class of the following; your spouse, any of your lineal descendants (including legally adopted children), share and share alike, per stirpes, your parents, share and share alike, your brothers and sisters, share and share alike, or your estate.

This form is to be returned to the Fund's office. You may change your beneficiary (or beneficiaries) at any time by filing a new form with the Fund's Office. See reverse side for suggested form for certain beneficiary designations.

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SUGGESTED FORM FOR CERTAIN BENEFICIARY DESIGNATIONS

1. If one individual is to be named, use full name, thus, "Anna May Smith, wife."
2. If two individuals are to be named, designate as follows: "Anna May Smith, wife, and Dorothy Smith, daughter, in equal shares, or the survivor."
3. If three or more individuals are to be named, designate as follows: "In equal shares to such of the following who survive me; Anna May Smith, wife, Dorothy Smith, daughter and William Smith, son."
4. If a wife is to be named primary beneficiary and all children of a marriage to said wife are to be named secondary beneficiaries, designate them collectively as follows: "Anna May Smith, wife, if living, otherwise the then surviving children, if any, born of my marriage with said wife, in equal shares." (This designation will include children born later without the necessity of changing the designation).

Name of Beneficiary _____

Relationship _____

Address of Beneficiary _____

SSN _____

Birthdate _____

Phone no. _____

Name of Beneficiary _____

Relationship _____

Address of Beneficiary _____

SSN _____

Birthdate _____

Phone no. _____

Name of Beneficiary _____

Relationship _____

Address of Beneficiary _____

SSN _____

Birthdate _____

Phone no. _____