

**Dear Local 9, 33 & 440 Participants:**

While working in the jurisdiction of the Iron Workers District Council of Western New York and Vicinity Welfare and Pension Fund, you may earn Pension Credits or become insured. If you earn Pension Credits, there is a **Pre-Retirement Death Benefit** of \$350.00 per pension credit that your beneficiary may be entitled to in the event of your death. If you become **insured** under the Welfare Fund, there is an accidental death & dismemberment benefit (in addition to your life insurance) due your beneficiary in the event of your death while you are still insured as an active member.

Please fill in the following information and return it to us in the enclosed self-addressed envelope. You must have your signature notarized to assure us that the beneficiary is **your** choice.

---

---

**PRE-RETIREMENT DEATH BENEFIT UNDER THE PENSION FUND**

**Primary Beneficiary** (can receive 100% or can choose multiple primary beneficiaries and divide percentage of benefits—see reverse side of form for additional beneficiary designation)

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_ Percentage \_\_\_\_\_

**Contingent Beneficiary** (in the event of death of primary beneficiary)

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_ Percentage \_\_\_\_\_

---

---

**ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT UNDER THE WELFARE FUND**

**Primary Beneficiary**

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_ Percentage \_\_\_\_\_

**Contingent Beneficiary**

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_ Percentage \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING MEMBER INFORMATION:**

MEMBER SIGNATURE

SOCIAL SECURITY #

DATE OF BIRTH

ADDRESS

Local # \_\_\_\_\_

---

---

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_

Signature \_\_\_\_\_

NOTARY

**ADDITIONAL BENEFICIARIES**

**PRE-RETIREMENT DEATH BENEFIT UNDER THE PENSION FUND**

**Additional Primary Beneficiaries:**

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_ Percentage \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_ Percentage \_\_\_\_\_

**Additional Contingent Beneficiaries:**

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_ Percentage \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_ Percentage \_\_\_\_\_

**WELFARE FUND DESIGNATIONS**

**Additional Primary Beneficiaries:**

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_ Percentage \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_ Percentage \_\_\_\_\_

**Additional Contingent Beneficiaries:**

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_ Percentage \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_ Percentage \_\_\_\_\_