

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 and become Vested, 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 _____

MEMBER INFORMATION

PRINT NAME _____ SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ STATE _____ ZIPCODE _____

SIGNATURE: _____ LOCAL # _____

NOTARY SIGNATURE

Subscribed and sworn to before me this _____ day of _____ in the year 20__

Notary's Signature _____

ADDITIONAL BENEFICIARIES

PRE-RETIREMENT DEATH BENEFIT UNDER THE PENSION FUND

Additional Primary Beneficiary

Name _____ SS# _____

Address _____

Date of Birth _____ Relationship _____ Percentage _____

Name _____ SS# _____

Address _____

Date of Birth _____ Relationship _____ Percentage _____

Additional Contingent Beneficiary (In the event of death of primary beneficiary)

Name _____ SS# _____

Address _____

Date of Birth _____ Relationship _____ Percentage _____

Name _____ SS# _____

Address _____

Date of Birth _____ Relationship _____ Percentage _____

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT UNDER THE WELFARE FUND

Additional Primary Beneficiary

Name _____ SS# _____

Address _____

Date of Birth _____ Relationship _____ Percentage _____

Name _____ SS# _____

Address _____

Date of Birth _____ Relationship _____ Percentage _____

Additional Contingent Beneficiary (In the event of death of primary beneficiary)

Name _____ SS# _____

Address _____

Date of Birth _____ Relationship _____ Percentage _____

Name _____ SS# _____

Address _____

Date of Birth _____ Relationship _____ Percentage _____