



Benefit Office

UA LOCAL 13 PLUMBERS, PIPEFITTERS & SERVICE TECH'S
STEVE OSTRANDER – FUND ADMINISTRATOR

1850 MT. READ BLVD
ROCHESTER NY 14615

P (585) 338-2310
F (585) 544-3993

UA Local13 Pension Fund Beneficiary Election Form

To the Board of Trustees:

In accordance with the provisions of Article I, Section 4 of the UA Local 13 Pension Plan Document, I hereby designate the following beneficiaries to receive any benefits which may become payable under the Plan on account of my death:

PRIMARY

| | | | |
|----------------|----------------|------------|--------------|
| First Name | Middle Initial | Last Name | Relationship |
| Address | | City/Town | Zip |
| E mail address | | Cell Phone | Home Phone |

SECONDARY

| | | | |
|----------------|----------------|------------|--------------|
| First Name | Middle Initial | Last Name | Relationship |
| Address | | City/Town | Zip |
| E mail address | | Cell Phone | Home Phone |

TERTIARY

| | | | |
|----------------|----------------|------------|--------------|
| First Name | Middle Initial | Last Name | Relationship |
| Address | | City/Town | Zip |
| E mail address | | Cell Phone | Home Phone |

YOU MAY LIST ONE OR MORE BENEFICIARIES:

However, the person named on line (1) will receive all benefits payable.
If the person named on line (1) is deceased at the time of your death, all benefits will then be payable to the person named on line (2).
If both of the persons named on lines (1) and (2) above are deceased, all benefits would then be payable to the person named on line (3).
This election is made in lieu of any beneficiary designation you may have previously submitted to the Benefit Office.

YOU MAY CHANGE YOUR BENEFICIARIES AT ANY TIME:

However, you must fill out another Beneficiary Election Form, and file it with the Benefit Office before it becomes effective.
If you are married, you MUST have your spouses consent (in writing) and meet requirements under federal, state & Plan guidelines
If you have any questions concerning how this Form should be completed, please contact the UA Local 13 Benefit Office.

Participant Name : _____ Print _____ Signature _____ Date _____

Spouse Name : _____ Print _____ Signature _____ Date _____

:

Witness Name : (Cannot be Beneficiary) _____ Print _____ Signature _____ Date _____
(Notary Accepted)

