

DESIGNATION OF BENEFICIARY FORM

Unless specified otherwise: this form will apply to any benefit due from the Pension, Welfare and or Annuity Fund

New Jersey Building Laborers Statewide Benefit Funds

485 US Highway 1 South, Building B Suite B401, Iselin NJ 08830

Below is a Designation of Beneficiary Form. Please complete the information, sign, date the form, and return to our office. If you have any questions, please contact the Fund office at 1-201-963-0633 or toll free: 866-999-0300.

PLEASE PRINT ALL INFORMATION – (EXCEPT SIGNATURE)

Primary Beneficiary: _____ Relationship to Member: _____

Address: _____

Social Security # _____ Date of Birth _____ Phone Number _____

If you would like to list more than one primary beneficiary, please list any additional names on the back of this form and indicate percentage of benefit for each primary beneficiary or whether the benefit should be divided equally.

Secondary (Contingent) Beneficiary*: _____ Relationship to Member: _____

Address: _____

Social Security # _____ Date of Birth _____ Phone Number _____

*Secondary (Contingent) Beneficiary is only payable if a benefit is due as per the SPD(s) and if the primary beneficiary is deceased.

Please note: If you are married, by law your spouse is your Pension & Annuity Fund primary beneficiary unless she/he relinquishes this right. If you have any questions regarding this matter, please contact the Fund office.

I, _____, am the spouse of _____ and do hereby agree to the beneficiary(ies) above/attached. If I am not listed as the primary beneficiary, I further agree to relinquish my spousal rights as automatic beneficiary.

Spouse's Signature _____ Date _____

(Print) MEMBER'S LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

MEMBER'S SOCIAL SECURITY # _____ MEMBER'S SIGNATURE _____ DATE _____

Notary Signature & Seal with Expiration Date
(If you are married and your spouse is not your primary beneficiary your spouse's signature must be notarized)

Completion of the Designation of Beneficiary Form does not guarantee payment of a benefit.