U.A. Local No. 13 Annuity Fund

DESIGNATION OF BENEFICIARY/CONTINGENT BENEFICIARY FORM

Name (Last, First, Middle Initial) _____ Social Security Number _____

Mailing Address _____ City _____ State _____ Zipcode _____

Date of Birth _____ ☐ Married ☐ Single

Primary Beneficiary(s)

I understand that in the event of my death, the distribution of any amount payable from the annuity plan will be made in a lump sum to the beneficiary(s) designated below. I further understand that if I am married, my spouse shall be the designated beneficiary, unless I elect otherwise and my spouse consents to such election.

Percentage (Must Add Up to 100%)

Name _____ Social Security # _____ _____

Address _____

Relationship _____ Age _____

Name _____ Social Security # _____ _____

Address _____

Relationship _____ Age _____

Name _____ Social Security # _____ _____

Address _____

Relationship _____ Age _____

Contingent Beneficiary(s)

In the event that the above named beneficiary is not living at my death, I hereby designate as contingent beneficiary:

Percentage (Must Add Up to 100%)

Name _____ Social Security # _____ _____

Address _____

Relationship _____ Age _____

Name _____ Social Security # _____ _____

Address _____

Relationship _____ Age _____

Name _____ Social Security # _____ _____

Address _____

Relationship _____ Age _____

If percentages are not given, payment will be made in equal shares to each surviving beneficiary(s), or contingent beneficiary(s), or all to the last survivor. The right to change any of the above designations is reserved solely to the Member.

Signature of Member _____ Date _____

Signature of Spouse _____ Date _____ Signature of Notary Public _____ Date _____

(If Member is married and spouse is not sole beneficiary, spouse must sign as indication of consent and have notarized)