

**ROOFERS LOCAL UNION NO. 33 PENSION FUND
53 EVANS DR. PO BOX 9106 STOUGHTON MA 02072
(781) 341-1657**

Designation of Beneficiary

YOUR NAME _____ **SS#** _____

I hereby designate the following-named primary beneficiary to receive the amount of pension benefits, if any, payable at my death, under the provisions of the Pension Plan.

Instructions: Give the full name of the beneficiary. (please note if you name a minor the benefits may be assigned to a guardian)

For example: Roberta L. Winters (Not Mrs. Roger L. Winters)

PRIMARY BENEFICIARY

Name of Primary Beneficiary _____

Relationship of Beneficiary _____

Social Security# _____ D.O.B. _____

Address & Phone of Primary Beneficiary _____

SUCCESSOR BENEFICIARY

In the event my designated primary beneficiary is not alive at the time of my death then I hereby designate the following-named successor beneficiary to receive the amount of Pension benefits, if any, payable at my death, under the provisions of the Pension Plan.

Name of Successor Beneficiary _____

Relationship of Beneficiary _____

Social Security# _____ D.O.B. _____

Address of Successor Beneficiary _____

I reserve the right to revoke and change either my primary beneficiary designation and/or my successor beneficiary designation at any time by giving written notice on the form prescribed by the Trustees of the Pension Plan.

Date _____

Your Signature _____

Date _____

Signature of Witness _____

Received in Fund Office for filing: Date _____ Initials _____