

Name: _____ S.S.# _____

ROOFERS LOCAL UNION NO. 33 THRIFT FUND
53 EVANS DRIVE, PO BOX 9106
STOUGHTON, MA 02072
781-341-1657

Designation of Beneficiary

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

Date _____

Your Signature _____

Date _____

Signature of Witness _____

Received in Fund Office for filing: Date _____ Initials _____