PENSION FUND METAL LATHERS LOCAL 46
BENEFICIARY

Name _____
LAST FIRST INITIAL

Soc. Sec. No.

I hereby designate as my beneficiary to receive any moneys on due upon my death under either the Pension Fund Death Benefit or the Guaranteed Pension Benefit provisions of the Metal Lathers Local 46 Pension Plan, the following:

Name of Beneficiary _____ Relationship _____

Address _____

In the event that the above named Beneficiary does not survive to receive any payments due after my death, I designate as CONTINGENT BENEFICIARY:

Name _____ Relationship _____

Address _____

Date Signed _____ Signature _____