

**PENSION FUND OF THE IRON WORKERS
DISTRICT COUNCIL OF NORTHERN NEW JERSEY**

**BENEFICIARY DESIGNATION FOR DEATH BENEFITS
FORM**

Complete this form to designate a beneficiary to receive the 120 Month Guarantee, in the event of your death prior to commencing benefits from the Pension Fund or your death before the 120 Month Guarantee benefits are paid to you. If you are married, you and your spouse must complete this form and a Spousal Statement Form which *must be notarized*.

Employee's Statement

PRINT: Participant Last Name First Name M.I. Social Security No.

I, hereby, designate the following person(s) as Primary Beneficiary(ies) to receive benefits from the Pension Fund of the Iron Workers District Council of Northern New Jersey and acknowledge that this beneficiary(ies) designation may be revoked at any time prior to my retirement without prejudice to my right to future beneficiary(ies) designation(s) by the proper completion, signing and filing with the Fund Office a new Beneficiary Designation for Death Benefits form.

Name of Beneficiary Social Security No. Relationship %

Beneficiary Address

Name of Beneficiary Social Security No. Relationship %

Beneficiary Address

Name of Beneficiary Social Security No. Relationship %

Beneficiary Address

If more than one Primary Beneficiary is designated, payment will be made in equal shares to the surviving Beneficiary(ies) unless a percentage is indicated.

In the event that my Primary Beneficiary(ies), named above, predecease me. I hereby designate the following Secondary Beneficiary(ies) to receive Pension Fund benefits. It is understood that if any Primary Beneficiary(ies) survives me, no benefit will be paid to a Secondary Beneficiary.

Name of Secondary Beneficiary	Social Security No.	Relationship	%
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Beneficiary Address

Name of Secondary Beneficiary	Social Security No.	Relationship	%
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Beneficiary Address

I acknowledge that any benefit payable under the Pension Fund will be paid to my spouse and not the above named beneficiary(ies) if I am married at the time of my death and the Fund Office does not have an up-to-date, properly executed consent form from my spouse on file.

I hereby certify that I am not legally married at this time.

Participant Signature	Participant Social Security No.
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Date

State of _____)
County of _____) SS:

On this ____ day of _____, 20____, before me came _____

_____ known to me to be the person described in and who executed the foregoing statement and duly acknowledged to me that (s)he executed same.

Notary Public	Seal
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Spouse's Statement

I, _____, certify that I am the legal spouse of the above name participant.

I, hereby, consent to my spouse's above listed beneficiary(ies) designation to receive any pension to which my spouse may be entitled.

Date

Spouse Signature

Date

Witness (Fund Office)

Sworn and Subscribed

Before me this _____ day of _____, 20____.

Notary Public

Seal