

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

**\$2,000.00 Post Retirement Death Benefit**

This form is for the \$2000.00 Post Retirement Death Benefit. You can use this form if you are currently receiving a monthly benefit **and** previously worked in covered employment. If you are a spouse or beneficiary, this form does not apply to you.

I designate the person named below as beneficiary for the post retirement lump sum death benefit payable from the Pension Fund. Under current Plan terms, you may designate only one person or one existing entity as this beneficiary. Your beneficiary will have two years in which to file a claim for this death benefit (from the date of death).

| <b>BENEFICIARY INFORMATION</b>   |
|--|
| <p><b>Name of Beneficiary</b> _____</p> <p><b>Relationship</b> _____</p> <p><b>Beneficiary's Address</b> _____</p> <p>_____</p> <p><b>Home Phone Number</b> _____</p> <p><b>Beneficiary's Social Security Number</b> _____</p> |
| IF THERE IS ANY CHANGE IN THE BENEFICIARY INFORMATION, IT IS YOUR RESPONSIBILITY TO INFORM THE PENSION FUND IN WRITING OF SUCH CHANGES. THIS DESIGNATION SUPERSEDES ANY PRIOR DESIGNATION ON FILE.                             |

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date