

Boilermakers Lodge No. 154 Benefit Funds

Park West One • 1000 Cliff Mine Road, Suite 101 • Pittsburgh, PA 15275
(412) 545-5888

PATH Administrators
Contract Administrator

RETIREMENT FUND BENEFICIARY DESIGNATION

(PLEASE PRINT)

PARTICIPANT'S NAME:	
SOCIAL SECURITY NO:	PHONE NO:
ADDRESS:	
DATE OF BIRTH:	

PRIMARY BENEFICIARY(IES)

Please Note: You are not permitted to designate a minor as your beneficiary

1.	NAME:	SOCIAL SECURITY NO:
	ADDRESS:	BIRTH DATE:
		RELATIONSHIP:
	CITY, STATE, ZIP:	PERCENTAGE:

2.	NAME:	SOCIAL SECURITY NO:
	ADDRESS:	BIRTH DATE:
		RELATIONSHIP:
	CITY, STATE, ZIP:	PERCENTAGE:

3.	NAME:	SOCIAL SECURITY NO:
	ADDRESS:	BIRTH DATE:
		RELATIONSHIP:
	CITY, STATE, ZIP:	PERCENTAGE:

SECONDARY BENEFICIARY(IES)

1.	NAME:	SOCIAL SECURITY NO:
	ADDRESS:	BIRTH DATE:
		RELATIONSHIP:
	CITY, STATE, ZIP:	PERCENTAGE:

2.	NAME:	SOCIAL SECURITY NO:
	ADDRESS:	BIRTH DATE:
		RELATIONSHIP:
	CITY, STATE, ZIP:	PERCENTAGE:

If married, your spouse is automatically your Primary Beneficiary. If you are married and wish to designate someone other than or in addition to your spouse as your Primary Beneficiary, then the "Spousal Consent" on the back of this page must be completed and notarized.

Participant's Signature: _____

Date: _____

BOILERMAKERS LOCAL 154 RETIREMENT FUND

BENEFICIARY ELECTION

PARTICIPANT'S CERTIFICATION IF NO SPOUSE

◇ I HEREBY CERTIFY THAT I AM NOT CURRENTLY MARRIED AND THAT THERE ARE NO PLAN BENEFITS PAYABLE TO A FORMER SPOUSE UNDER A QUALIFIED DOMESTICS RELATIONS ORDER.

◇ I HEREBY CERTIFY THAT I AM NOT CURRENTLY MARRIED; HOWEVER, THERE MAY BE A REDUCTION IN MY BENEFITS AS A RESULT OF A QUALIFIED DOMESTICS RELATIONS ORDER.

PARTICIPANT'S SIGNATURE: _____

DATE: _____

SPOUSAL CONSENT

IF THE PARTICIPANT IS MARRIED, THE SPOUSE MUST SIGN THE CONSENT BELOW AND HAVE IT NOTARIZED:

I HEREBY APPROVE OF, AND CONSENT TO, THE BENEFICIARY DESIGNATION AND/OR PAYMENT OPTION ADOPTED BY MY SPOUSE AS PROVIDED ON PAGE ONE. I UNDERSTAND THAT I AM ENTITLED TO RECEIVE A SPOUSES'S BENEFIT UNDER THE BOILERMAKERS LOCAL NO. 154 RETIREMENT FUND UNLESS I CONSENT TO A DIFFERENT BENEFICIARY DESIGNATION. I ALSO UNDERSTAND THAT THE DESIGNATION ON PAGE ONE HAS THE EFFECT OF CAUSING THE DEATH BENEFIT UNDER THE PLAN THAT WOULD OTHERWISE BE PAYABLE TO ME TO BE PAID TO THE NAMED PERSON. I FURTHER UNDERSTAND THAT MY SPOUSE MAY NOT CHANGE THE PRIMARY BENEFICIARY DESIGNATION ON PAGE ONE WITHOUT FIRST OBTAINING MY WRITTEN CONSENT.

SPOUSE'S SIGNATURE: _____

PRINTED NAME OF SPOUSE: _____

DATE: _____

Subscribed and sworn to before me this _____ day of _____

Notary Public

County _____

My commission Expires _____

Notary Public's Signature: _____

Date: _____