



# International Painters and Allied Trades Industry Pension Fund

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pension@iupat.org · www.iupatpension.org

## Beneficiary Designation

Complete and submit this form to the Fund office to change your beneficiary of record. Incomplete forms will not be entered and may affect your beneficiary designation.

### Section A: Participant/Annuitant Information

Name: \_\_\_\_\_  
*First Middle Last SSN/Alt ID/Member ID Phone*

### Section B: Beneficiary Information - US Pension

I hereby designate the following person as my Beneficiary to receive the lump sum death benefit, if any, payable at my death under the Rules and Regulations of the IUPAT Industry **Pension Plan**.

Name: \_\_\_\_\_  
*First M.I. Last SSN DOB Relationship*

Address: \_\_\_\_\_  
*Street City State Zip Code Phone*

In addition, I hereby designate the following person as my Contingent Beneficiary in case my above-named Beneficiary does not survive me.

Name: \_\_\_\_\_  
*First M.I. Last SSN DOB Relationship*

Address: \_\_\_\_\_  
*Street City State Zip Code Phone*

### Section C: Beneficiary Information - Annuity

I hereby designate the following person as my Beneficiary to receive the lump sum death benefit, if any, payable at my death under the Rules and Regulations of the IUPAT Industry **Annuity Plan**.

Name: \_\_\_\_\_  
*First M.I. Last SSN DOB Relationship*

Address: \_\_\_\_\_  
*Street City State Zip Code Phone*

In addition, I hereby designate the following person as my Contingent Beneficiary in case my above-named Beneficiary does not survive me.

Name: \_\_\_\_\_  
*First M.I. Last SSN DOB Relationship*

Address: \_\_\_\_\_  
*Street City State Zip Code Phone*

**Section D: Participant Authorization**

I hereby request the International Painters and Allied Trades Industry Pension Fund to change my beneficiary of record as stated above. I understand that this form must be notarized and received by the Fund for processing to occur.

Participant/Annuitant Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
*Must be signed in the presence of a Notary Public*

**Section E: Spousal Death Benefit Waiver**

I hereby waive my rights to the above participant's pre-retirement death benefits. I understand that by making this choice there in revocation and the parties listed above have full right and authority to claim any death benefits issued by the International Painters and Allied Trades Industry Pension Fund.

I waive my rights to my legal spouse's pre-retirement death benefit and understand the above implications.

Spouse Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
*Must be signed in the presence of a Notary Public.*

Participant/Annuitant Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
*Must be signed in the presence of a Notary Public.*

**Section F: Notary Public Verification**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Before me, \_\_\_\_\_ a Notary Public, on this day personally appeared \_\_\_\_\_  
*Print Notary Name*

known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
*Signature of Notary Public*

\_\_\_\_\_  
*Commission Expires*

(SEAL)

**OR Section G: Local Union or District Council Verification**

Local Union or District Council \_\_\_\_\_ City, State \_\_\_\_\_

Before me, an Office Worker from the above LU/DC, on this day personally appeared \_\_\_\_\_  
known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for purposes and consideration therein expressed.

\_\_\_\_\_  
*Signature of LU/DC Office Worker*

\_\_\_\_\_  
*Name of LU/DC Office Worker*

\_\_\_\_\_  
*Phone*

**Please return this form to the Fund office at the address listed above.  
Please note any changes are effective upon receipt of a completed form in the Fund office.**