California Field Ironworkers Pension Trust
131 N. El Molino Ave., Suite 330, Pasadena, CA 91101-1878
(626) 792-7337 • (626) 578-0450 Fax

DESIGNATION OF BENEFICIARY

PARTICIPANT'S INFORMATION

Name: _____
Last First Middle Initial

Social Security Number: _____Date of Birth: _____

Signature: _____Date: _____

BENEFICIARY'S INFORMATION

Name: _____
Last First Middle Initial

SS NO: _____ DOB: _____ Relationship _____

Address: _____
Street City State Zip

If married, and you name someone else other than your spouse as your beneficiary, your spouse's signature must be notarized below.

I hereby consent to the designation of beneficiary as shown above.

_____ _____
Spouse's Signature Date

(SEAL)

Subscribed and sworn before me this

_____ day of _____, 20_____

_____
Notary Public Signature

_____
County State