



CALIFORNIA FIELD IRONWORKERS TRUST FUNDS

Pension Trust • Welfare Plan • Vacation Trust
 Apprenticeship Training & Journeyman
 Retraining Fund • Annuity Trust

RETIREE DESIGNATION OF BENEFICIARY

PARTICIPANT'S INFORMATION

Name: _____
Last First Middle Initial

Social Security Number: _____ Date of Birth: _____

Signature: _____ Date: _____

****Important Information Regarding Living Trusts****

A Living Trust may **only** be named as the beneficiary of the Annuity Fund and a complete copy of the Living Trust must be provided upon submission of this document. For all other benefits, i.e., Supplemental Retiree Benefit, Life Insurance and Pension an individual must be named as the designated beneficiary.

BENEFICIARY DESIGNATIONS – SUPPLEMENT RETIREE BENEFIT (if funds available upon death and LIFE INSURANCE (if elected upon retirement))

1. PRIMARY BENEFICIARY	_____			
	LAST	FIRST	MIDDLE	SSN

	STREET	CITY	STATE	ZIP
_____		_____		
DATE OF BIRTH	RELATIONSHIP			

2. SECONDARY BENEFICIARY	_____			
	LAST	FIRST	MIDDLE	SSN

	STREET	CITY	STATE	ZIP
_____		_____		
DATE OF BIRTH	RELATIONSHIP			

REVERSE SIDE MUST ALSO BE COMPLETED

BENEFICIARY DESIGNATIONS – Annuity (if funds available upon death)

1. PRIMARY BENEFICIARY	_____			
	LAST	FIRST	MIDDLE	SSN

	STREET	CITY	STATE	ZIP
_____		_____		
DATE OF BIRTH	RELATIONSHIP			

2. SECONDARY BENEFICIARY	_____			
	LAST	FIRST	MIDDLE	SSN

	STREET	CITY	STATE	ZIP
_____		_____		
DATE OF BIRTH	RELATIONSHIP			

BENEFICIARY DESIGNATIONS – Pension (36 Month Guarantee or 13th Check if payable)

1. PRIMARY BENEFICIARY	_____			
	LAST	FIRST	MIDDLE	SSN

	STREET	CITY	STATE	ZIP
_____		_____		
DATE OF BIRTH	RELATIONSHIP			

2. SECONDARY BENEFICIARY	_____			
	LAST	FIRST	MIDDLE	SSN

	STREET	CITY	STATE	ZIP
_____		_____		
DATE OF BIRTH	RELATIONSHIP			

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

State of _____
 County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____
 by _____, proved to me on the basis of satisfactory evidence to be the person who
 appeared before me.

 Signature of Notary

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