



LIUNA NATIONAL (INDUSTRIAL) PENSION FUND
905 16TH STREET, NW • WASHINGTON, DC 20006
Telephone: 800-544-7422 Fax: 202-347-0721

PRE-RETIREMENT BENEFICIARY FORM
FOR WIDOW/WIDOWER'S PENSION OR DEATH BENEFIT

A Widow/Widower's Pension is payable to a vested Participant under Section 3.17 / Section 3.18 of the Plan Rules, and if a Participant is not legally married at the time of their death there might be a Death Benefit payable under either Section 3.19 or under Section 11.09 of the Plan Rules. Please fill out Spousal Information if married, and if not, please fill out Beneficiary Information.

PARTICIPANT INFORMATION

Name (first, middle initial, last)	Social Security Number	<input type="checkbox"/> Married <input type="checkbox"/> Single
Address (Street, Apartment, City, State, Zip Code)		

SPOUSAL INFORMATION (If Married)

Name (first, middle initial, last)	Social Security Number	Date of Birth

BENEFICIARY INFORMATION – To be completed if not legally married

Subject to the terms under the LIUNA National (Industrial) Pension Fund, I request that the Death Benefit under either Section 3.19 or Section 11.09 of the Plan Rules becoming due upon my death be payable to the beneficiary(ies) designated below. I understand this designation shall revoke all prior beneficiary designations made by me under the Industrial Pension Fund. *(All designations must be in whole percentages. Total percentage must equal 100% for Primary Beneficiary and 100% for Contingent Beneficiary, if designated.)*

1. Beneficiary Name (Complete legal name required)	Relationship <input type="checkbox"/> Primary Beneficiary	Percentage
Address	Social Security Number	Date of Birth (mm/dd/yyyy)
2. Beneficiary Name (Complete legal name required)	Relationship <input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary	Percentage
Address	Social Security Number	Date of Birth (mm/dd/yyyy)
3. Beneficiary Name (Complete legal name required)	Relationship <input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary	Percentage
Address	Social Security Number	Date of Birth (mm/dd/yyyy)
4. Beneficiary Name (Complete legal name required)	Relationship <input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary	Percentage
Address	Social Security Number	Date of Birth (mm/dd/yyyy)
5. Beneficiary Name (Complete legal name required)	Relationship <input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary	Percentage
Address	Social Security Number	Date of Birth (mm/dd/yyyy)
6. Beneficiary Name (Complete legal name required)	Relationship <input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary	Percentage
Address	Social Security Number	Date of Birth (mm/dd/yyyy)

Signature of Participant _____ Date _____

Name of Witness _____

Signature of Witness _____ Date _____

(Witness cannot be a beneficiary)

Return to: Brian Kaniewski, Fund Administrator
 LIUNA National (Industrial) Pension Fund
 905 16th Street, NW, Washington DC 20006-1765

IMPORTANT: If a mistake is made, no erasures or corrections should be attempted, but a new form should be used. If there are any further questions, consult the Pension Fund Office at 800-544-7422