

SHEET METAL WORKERS' PENSION PLAN
Of Southern California, Arizona & Nevada
P. O. Box 10067
Manhattan Beach, CA 90266-8567
Phone (800) 947-4338
(310) 798-6572

ATTN: Pension Dept.

Pensioner's Beneficiary Form

NAME: _____ (PLEASE PRINT)	SOC SEC NO: _____
ADDRESS: _____	DATE OF BIRTH: _____
_____	LOCAL UNION: _____
PHONE: (____) _____	SEX: M [] F [] MARRIED [] SINGLE []

Primary Beneficiary

(If you need more space, attach additional sheets or use reverse side. Please indicate how the benefit should be divided.)

Name of Primary Beneficiary: _____
(PLEASE PRINT) LAST NAME FIRST NAME MI

Address of Primary Beneficiary: _____
(STREET ADDRESS) CITY, STATE ZIP CODE

Relationship: _____ Social Security Number: _____

Alternate Beneficiary

(In event of death of Primary Beneficiary)

Name of Alternate Beneficiary: _____
(PLEASE PRINT) LAST NAME FIRST NAME MI

Address of Alternate Beneficiary: _____
(STREET ADDRESS) CITY, STATE ZIP CODE

Relationship: _____ Social Security Number: _____

This document MUST be signed and dated, to be valid.

(Pensioner's Signature)

(Date)