



Greater St. Louis Construction Laborers' Welfare, Pension & Vacation Funds
BENEFICIARY DESIGNATION

Per the Pension Fund Rules, Pension Fund proceeds must go to the member's spouse unless the spouse affirmatively agrees during the election period to waive the joint and survivor option.

In addition, your beneficiary designation will automatically apply to all of the Laborers' Benefit Funds (except as explained above), unless you affirmatively state in writing that you want a different beneficiary for one or more of the Funds. Please contact the Fund Office if you wish to exercise this option. Your beneficiary designation will also apply to any Local Union benefit you may be due, unless you have designated or later designate a different beneficiary at the Local Union office.

Member Name: _____

Medical Member ID#: _____ Phone Number: _____

Address: _____

City/ State/ Zip: _____

E-mail: _____

Member Signature: _____ Date: _____

Effective immediately, I designate the following Beneficiary(ies) for the Pension, Welfare, Vacation Funds, and for the Local Union death benefit, if any: (Contingent Beneficiary(ies) are those whom you wish to receive your benefits should the Primary Beneficiary(ies) become deceased or in the case of the Pension Fund the member is no longer married.)

Beneficiary Name: _____ O Primary O Contingent

Relationship: _____ Birth Date: _____ SS#: XXX-XX-_____

If more than one beneficiary is named select: O Equal Shares or O _____% of Assigned Benefit

Address: _____

City/ State/ Zip: _____

Phone: _____ E-mail _____

Beneficiary Name: _____ O Primary O Contingent

Relationship: _____ Birth Date: _____ SS#: XXX-XX-_____

If more than one beneficiary is named select: O Equal Shares or O _____% of Assigned Benefit

Address: _____

City/ State/ Zip: _____

Phone: _____ E-mail _____

If you want to list additional Beneficiary(ies), please complete the backside of this form.

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BENEFICIARY DESIGNATION

Beneficiary Name: _____ Primary Contingent

Relationship: _____ **Birth Date:** _____ **SS#: XXX-XX-** _____

If more than one beneficiary is named select: **Equal Shares or** _____ **% of Assigned Benefit**

Address: _____

City/ State/ Zip: _____

Phone: _____ **E-mail** _____

Beneficiary Name: _____ Primary Contingent

Relationship: _____ **Birth Date:** _____ **SS#: XXX-XX-** _____

If more than one beneficiary is named select: **Equal Shares or** _____ **% of Assigned Benefit**

Address: _____

City/ State/ Zip: _____

Phone: _____ **E-mail** _____

Beneficiary Name: _____ Primary Contingent

Relationship: _____ **Birth Date:** _____ **SS#: XXX-XX-** _____

If more than one beneficiary is named select: **Equal Shares or** _____ **% of Assigned Benefit**

Address: _____

City/ State/ Zip: _____

Phone: _____ **E-mail** _____

Beneficiary Name: _____ Primary Contingent

Relationship: _____ **Birth Date:** _____ **SS#: XXX-XX-** _____

If more than one beneficiary is named select: **Equal Shares or** _____ **% of Assigned Benefit**

Address: _____

City/ State/ Zip: _____

Phone: _____ **E-mail** _____