

**DO NOT USE THIS FORM IF YOU ARE CURRENTLY RECEIVING BENEFITS FROM THE FUND  
CONTACT THE FUND OFFICE FOR THE CORRECT FORM**

**I.A.M. NATIONAL PENSION FUND**

Designation of Beneficiary Form for Preretirement Death Benefits  
(other than the 50% Spouse Preretirement Death Benefit).

Covered Employee: \_\_\_\_\_  
Last Name First Name  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If you need more space to designate either primary or successor beneficiaries, attach to this form a separate sheet of paper containing the same information requested below.

I designate the following individual(s) as my primary beneficiary or beneficiaries:

**(1) Primary Beneficiary:** \_\_\_\_\_  
Last Name First Name  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Relationship of Beneficiary: \_\_\_\_\_  
Address of Beneficiary: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**(2) Primary Beneficiary:** \_\_\_\_\_  
Last Name First Name  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Relationship of Beneficiary: \_\_\_\_\_  
Address of Beneficiary: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**(3) Primary Beneficiary:** \_\_\_\_\_  
Last Name First Name  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Relationship of Beneficiary: \_\_\_\_\_  
Address of Beneficiary: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I hereby designate the following individual(s) as my successor beneficiary or beneficiaries:

**Successor Beneficiary:** \_\_\_\_\_  
Last Name First Name

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Relationship of Beneficiary: \_\_\_\_\_

Address of Beneficiary: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Successor Beneficiary:** \_\_\_\_\_  
Last Name First Name

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Relationship of Beneficiary: \_\_\_\_\_

Address of Beneficiary: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Successor Beneficiary:** \_\_\_\_\_  
Last Name First Name

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Relationship of Beneficiary: \_\_\_\_\_

Address of Beneficiary: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

If more than one person is named as your primary or successor beneficiary, any benefits to which the designated beneficiaries are entitled will be divided equally.

**This form revokes any prior designations and will be revoked by any later designations made during your lifetime.**

Please complete, sign and mail in an envelope to:

I.A.M. National Pension Fund 99 M Street S.E. Suite 600 Washington D.C. 20003-4595  
iamnpf.org | 800-424-9608