

OUTSTATE MICHIGAN TROWEL TRADES PENSION FUND
DATA FORM

- INITIAL DESIGNATION
 CHANGE

Participant Name (Please Print): _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Marital Status: Married Single Divorced Widowed

In compliance with federal law, your beneficiary under the Pension Plan in the event of your death before retirement is automatically your spouse if you have been legally married for one year or more at that time. If you wish to name anyone else as your beneficiary, your spouse must consent in writing using a form available at the Fund Office or Local Union Office.

BENEFICIARY DESIGNATION FOR UNMARRIED PARTICIPANTS ONLY

I understand that this beneficiary designation cancels any previous designation I may have made. Further, I understand that this designation shall automatically be cancelled if I am or become legally married for one year and my spouse will automatically become my beneficiary.

I hereby state that I am NOT married and I hereby designate as my beneficiary/beneficiaries to receive any benefits that may be payable under the Pension Plan in the event of my death the following person(s):

PENSION FUND DEATH BENEFIT BENEFICIARY:

Beneficiary's Name (Please Print): _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Relationship: _____

Date

Participant's Signature

PLEASE RETURN THIS FORM TO:

OUTSTATE MICHIGAN TROWEL TRADES' PENSION FUND
6525 Centurion Drive
Lansing, MI 48917-9275

****If you have any questions, please contact the Fund Office at 517/351-3400. Office hours are 7:30 A.M. to 5:30 P.M.****