

Roofers' Local #195
Health, Accident & Pension Funds
6200 State Route 31 Cicero, NY 13039
Phone: (315) 699-1388 Fax: (315) 699-1390

Instructions for “Designation of Beneficiary” Forms

Dear Member:

Please note that there are 2(two) Beneficiary Forms. Each one is for a different Fund (Health & Annuity) and needs to be completed in the same manner.

Participants Information: Please enter, Name, Birthdate, Social Security Number, Phone Number, including Area Code, Marital Status, Date of Marriage.

Primary Beneficiary or Beneficiaries: If one person is indicated in this space, the entire amount of the Benefit will be given to this Beneficiary. If more than one person is indicated, the amount will be divided equally between the Primary Beneficiaries, unless otherwise noted with different percentages per beneficiary.

Alternate Beneficiary or Beneficiaries: An Alternate Beneficiary is an alternate to the Primary Beneficiaries. In the event that the Primary Beneficiary or Primary Beneficiaries are deceased or otherwise determined unable to receive the benefit, the Alternate Beneficiary will then receive the full benefit amount. If more than one person is indicated, the amount will be divided equally between the Alternate Beneficiaries, unless otherwise noted with different percentages per beneficiary. If no alternate is indicated, the benefit will be rewarded in accordance with the Plan documents.

Beneficiary Information: Please provide all requested information on Primary and Alternate Beneficiaries including: Relationship to Participant, Date of Birth, Social Security Number and Phone Number with Area Code. Incomplete information can result in a delay in processing benefits.

Participant’s Signature/Notary Public: The member must sign and date this document in front of a notary public and have notarized in order to be legal and binding.

Annuity Fund: In the event you have a spouse, Federal Law supersedes in the matter of Retirement Funds and named beneficiary. If you name an individual other than your legal spouse, survivorship benefits will be paid in accordance with Federal Law.

Roofers Local #195
Fund Office

ROOFERS LOCAL # 195 ANNUITY FUND
PARTICIPANT'S DESIGNATION OF BENEFICIARY

Participant's Information

Name _____ Birthdate _____ Phone # _____
S.S. # _____ Marital Status: _____ Single _____ Married _____ Divorced
Date of Marriage _____ Date of Divorce: _____

Primary Beneficiary or Beneficiaries:

Name: _____
Address: _____

Phone: _____
S.S. # _____ Date of Birth: _____
Relationship to Participant _____
Percentage: _____

Name: _____
Address: _____

Phone: _____
S.S. # _____ Date of Birth: _____
Relationship to Participant _____
Percentage: _____

Name: _____
Address: _____

Phone: _____
S.S. # _____ Date of Birth: _____
Relationship to Participant _____
Percentage: _____

Name: _____
Address: _____

Phone: _____
S.S. # _____ Date of Birth: _____
Relationship to Participant _____
Percentage: _____

Alternate Beneficiary or Beneficiaries:

Name: _____
Address: _____

Phone: _____
S.S. # _____ Date of Birth: _____
Relationship to Participant _____
Percentage: _____

Name: _____
Address: _____

Phone: _____
S.S. # _____ Date of Birth: _____
Relationship to Participant _____
Percentage: _____

Name: _____
Address: _____

Phone: _____
S.S. # _____ Date of Birth: _____
Relationship to Participant _____
Percentage: _____

Name: _____
Address: _____

Phone: _____
S.S. # _____ Date of Birth: _____
Relationship to Participant _____
Percentage: _____

* Federal law establishes rights for your spouse which supersede the rights of any non-spouse beneficiary you may have named above. You should review your Summary Plan Description, or contact the Plan Administrator for more information. If multiple beneficiaries are named above, they shall be entitled to equal shares unless otherwise specified.

Participant's Signature

Date

Notary Public

Date

ROOFERS LOCAL # 195 HEALTH and ACCIDENT FUND
PARTICIPANT'S DESIGNATION OF BENEFICIARY

Participant's Information

Name _____ Birthdate _____ Phone # _____
S.S. # _____ Marital Status: _____ Single _____ Married _____ Divorced
Date of Marriage _____ Date of Divorce: _____

Primary Beneficiary or Beneficiaries:

Name: _____
Address: _____

Phone: _____
S.S. # _____ Date of Birth: _____
Relationship to Participant _____
Percentage: _____

Name: _____
Address: _____

Phone: _____
S.S. # _____ Date of Birth: _____
Relationship to Participant _____
Percentage: _____

Name: _____
Address: _____

Phone: _____
S.S. # _____ Date of Birth: _____
Relationship to Participant _____
Percentage: _____

Name: _____
Address: _____

Phone: _____
S.S. # _____ Date of Birth: _____
Relationship to Participant _____
Percentage: _____

Alternate Beneficiary or Beneficiaries:

Name: _____
Address: _____

Phone: _____
S.S. # _____ Date of Birth: _____
Relationship to Participant _____
Percentage: _____

Name: _____
Address: _____

Phone: _____
S.S. # _____ Date of Birth: _____
Relationship to Participant _____
Percentage: _____

Name: _____
Address: _____

Phone: _____
S.S. # _____ Date of Birth: _____
Relationship to Participant _____
Percentage: _____

Name: _____
Address: _____

Phone: _____
S.S. # _____ Date of Birth: _____
Relationship to Participant _____
Percentage: _____

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Participant's Signature

Date

Notary Public

Date