

# National Automatic Sprinkler Metal Trades Pension Fund

## Beneficiary Designation Form

The NASMT Pension Plan provides that a death benefit may be payable to the Beneficiary of an unmarried Participant who dies before retirement. Use this form to designate your Beneficiary for any pension benefit payable in the event you die before you retire. A different benefit is payable to your Qualified Spouse in the event you are married and die before you retire. If a Surviving Spouse benefit is payable, no benefit will be payable based on your designation on this form. In order for the Fund to contact your Beneficiary in the event of your death, please provide as much of the information for your Beneficiary requested below as is available.

Review your Beneficiary designation periodically and make changes as needed. If your Designated Beneficiary dies before you, payment will be made to the categories of persons (for example, your children or parents) in the order stated in the Plan. As provided in the Plan, a subsequent divorce from your spouse does not invalidate the designation of your former spouse as your Beneficiary. A change in your Beneficiary is not effective until the original form is received in the Fund Office.

### YOUR INFORMATION

_____ Name			_____ Social Security Number			_____ Home Phone		
_____ Address			_____ Birth Date			_____ Cell Phone		
_____ City		_____ ST	_____ ZIP		_____ Email Address			

### PRIMARY BENEFICIARY

_____ Name		_____ SSN	_____ Percentage	
_____ Address		_____ Birth Date		
_____ City		_____ ST	_____ ZIP	_____ Relationship
_____ Home Phone	_____ Cell Phone	_____ Email Address		

### CO-BENEFICIARY (to share with Primary Beneficiary if desired)

_____ Name		_____ SSN	_____ Percentage	
_____ Address		_____ Birth Date		
_____ City		_____ ST	_____ ZIP	_____ Relationship
_____ Home Phone	_____ Cell Phone	_____ Email Address		

### ALTERNATE BENEFICIARY

(to be used in the event your Primary Beneficiary dies before you)

_____ Name		_____ SSN	_____ Percentage	
_____ Address		_____ Birth Date		
_____ City		_____ ST	_____ ZIP	_____ Relationship
_____ Home Phone	_____ Cell Phone	_____ Email Address		

### CO-ALTERNATE BENEFICIARY

(to share with Alternate Beneficiary if desired)

_____ Name		_____ SSN	_____ Percentage	
_____ Address		_____ Birth Date		
_____ City		_____ ST	_____ ZIP	_____ Relationship
_____ Home Phone	_____ Cell Phone	_____ Email Address		

This designation revokes any prior designation and is intended to be effective for any pre-retirement death benefit payable from the National Automatic Sprinkler Metal Trades Pension Fund for which the Plan pays benefits to a Beneficiary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail to: NASMT Pension Fund  
8000 Corporate Drive  
Landover, MD 20785