



# NATIONAL AUTOMATIC SPRINKLER METAL TRADES WELFARE FUND



TELEPHONE  
(301) 577-1700

8000 CORPORATE DRIVE • LANDOVER, MD 20785

TOLL FREE  
(800) 638-2603

## BENEFICIARY DESIGNATION FORM

### EMPLOYEE/PARTICIPANT INFORMATION

_____	_____	_____	_____	_____
SOCIAL SECURITY NUMBER	LAST NAME	FIRST NAME	INITIAL	LOCAL UNION
_____		_____	_____	
STREET ADDRESS OR P.O. BOX		BIRTH DATE	EMAIL ADDRESS	
_____	_____	_____	_____	_____
CITY	STATE	ZIP	HOME PHONE	CELL PHONE

### PRIMARY BENEFICIARY

_____	_____	_____
NAME	SSN	PERCENTAGE
_____		_____
STREET ADDRESS OR P.O. BOX		BIRTH DATE
_____	_____	_____
CITY	STATE	ZIP
_____		_____
(H) PHONE	(C) PHONE	EMAIL ADDRESS

### CO-BENEFICIARY (to share with primary beneficiary if desired)

_____	_____	_____
NAME	SSN	PERCENTAGE
_____		_____
STREET ADDRESS OR P.O. BOX		BIRTH DATE
_____	_____	_____
CITY	STATE	ZIP
_____		_____
(H) PHONE	(C) PHONE	EMAIL ADDRESS

### ALTERNATE BENEFICIARY (To be used in the event your primary beneficiary dies before you.)

_____	_____	_____
NAME	SSN	PERCENTAGE
_____		_____
STREET ADDRESS OR P.O. BOX		BIRTH DATE
_____	_____	_____
CITY	STATE	ZIP
_____		_____
(H) PHONE	(C) PHONE	EMAIL ADDRESS

### CO-ALTERNATE BENEFICIARY (to share with alternate beneficiary if desired)

_____	_____	_____
NAME	SSN	PERCENTAGE
_____		_____
STREET ADDRESS OR P.O. BOX		BIRTH DATE
_____	_____	_____
CITY	STATE	ZIP
_____		_____
(H) PHONE	(C) PHONE	EMAIL ADDRESS

LIFE INSURANCE AND ACCIDENTAL DEATH AND DISMEMBERMENT COVERAGE IS PROVIDED BY THE NASI WELFARE FUND THROUGH AN INSURANCE COMPANY CHOSEN BY THE BOARD OF TRUSTEES. A PLAN BOOKLET IS AVAILABLE FROM THE FUND OFFICE OR YOU CAN DOWNLOAD A COPY OF THE PLAN BOOKLET FROM THE FUND'S WEBSITE — HTTP://WWW.NASIFUND.ORG. YOU SHOULD REVIEW THE PLAN BOOKLET FOR A COMPLETE DESCRIPTION OF THE PLAN RULES AND BENEFITS.

YOU DO NOT NEED TO PROVIDE A CO-BENEFICIARY, ALTERNATE BENEFICIARY OR CO-ALTERNATE BENEFICIARY. IN THE EVENT YOU DIE AND YOU HAVE NOT NAMED A BENEFICIARY OR YOUR DESIGNATED BENEFICIARY IS NOT THEN LIVING, BENEFITS WILL BE PAID IN ACCORDANCE WITH THE PLAN BOOKLET.

ANY SUM BECOMING PAYABLE TO A BENEFICIARY BY REASON OF MY DEATH SHALL BE PAYABLE TO THE ABOVE-LISTED BENEFICIARY(IES). THIS DESIGNATION SHALL REVOKE ANY AND ALL DESIGNATIONS OF BENEFICIARIES WITH REGARD TO THE NATIONAL AUTOMATIC SPRINKLER INDUSTRY WELFARE FUND.

**Please mail this form to:** NASMT Welfare Fund  
8000 Corporate Drive  
Landover, MD 20785

**Questions:** please call the Fund Office at (800) 638-2603

\_\_\_\_\_  
EMPLOYEE/PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE