

National Automatic Sprinkler Industry Pension Fund

PENSIONER BENEFICIARY FORM

Use this form to designate your beneficiary for any NASI Pension Fund benefit payable to a beneficiary upon your after-retirement death including the NASI Pension Plan Section 3.16 death benefit and, if applicable, the NASI Pension Plan Section 6.02 100-payment guarantee remainder. A survivor benefit payable to your qualified spouse is based on the form of pension you elected at retirement and will not be affected by this designation of beneficiary.

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. You do not need to provide a co-beneficiary, alternate beneficiary or co-alternate beneficiary.

YOUR INFORMATION

NAME	SOCIAL SECURITY NUMBER	HOME PHONE
ADDRESS	BIRTH DATE	CELL PHONE
CITY	ST	ZIP
EMAIL ADDRESS		

PRIMARY BENEFICIARY

NAME	PERCENTAGE		
ADDRESS	BIRTH DATE		
CITY	ST	ZIP	RELATIONSHIP
HOME PHONE	CELL PHONE	EMAIL ADDRESS	

CO-BENEFICIARY (TO SHARE WITH PRIMARY BENEFICIARY IF DESIRED)

NAME	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	PERCENTAGE		
ADDRESS	BIRTH DATE		
CITY	ST	ZIP	RELATIONSHIP
HOME PHONE	CELL PHONE	EMAIL ADDRESS	

CO-ALTERNATE BENEFICIARY

(TO SHARE WITH YOUR ALTERNATE BENEFICIARY IF DESIRED)

NAME	PERCENTAGE		
ADDRESS	BIRTH DATE		
CITY	ST	ZIP	RELATIONSHIP
HOME PHONE	CELL PHONE	EMAIL ADDRESS	

Any benefit becoming payable from the National Automatic Sprinkler Industry ("NASI") Pension Fund to a beneficiary by reason of my death shall be paid to the above designated beneficiary. This designation revokes any prior beneficiary designation made by me regarding the NASI Pension Plan.

Signature

Date

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