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. A subsequent divorce from your current or future spouse will invalidate the designation of your former spouse as your beneficiary, and a revised form will be necessary after the divorce in order to reinstate your former spouse as beneficiary. A change in your beneficiary is not effective until the original form is received in the Fund Office.

		YOUR INFOR	RMATION		
Name		Social Security Number	Home Phone		
Address		Birth Date	Cell Phone		
City ST ZIP		Email Address			
PRIMARY BENEFICIARY			CO-BENEFICIARY (to share with Primary Beneficiary if desired)		
Name	SSN	Percentage	Name	SSN	Percentage
Address		Birth Date	Address		Birth Date
City	ST ZIP	Relationship	City	ST ZIP	Relationship
Home Phone Cell P	hone Email Address		Home Phone Cell F	Phone Email Address	
ALTERNATE BENEFI	CIARY		CO-ALTERNATE BE	NEEICIADV	
	ur Primary Beneficiary dies befe	_	(to share with Alternate Be	eneficiary if desired)	
(to be used in the event you Name	ur Primary Beneficiary dies befo	Percentage			Percentage
		_	(to share with Alternate Be	eneficiary if desired)	Percentage Birth Date
Name		Percentage	(to share with Alternate Be	eneficiary if desired)	
Name Address	SSN ST ZIP	Percentage Birth Date	Name Address	SSN ST ZIP	Birth Date
Name Address City Home Phone Cell Ph	SSN ST ZIP none Email Address kes any prior designation	Percentage Birth Date Relationship and is intended to	Name Address City	SSN ST ZIP hone Email Address tirement death benefit paya	Birth Date Relationship

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