

National Automatic Sprinkler **Metal Trades** Pension Fund

PENSIONER BENEFICIARY FORM

Use this form to designate your beneficiary for any NASMT Pension Fund benefit payable to a beneficiary upon your post-retirement death including the NASMT Pension Plan Section 5.06 Single Life Pension with 36-Month Guarantee and Section 5.09 10-Year Guarantee. 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. If married, your Spouse's notarized consent is required to change your beneficiary to someone other than your Spouses.

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 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. 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 | 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 YOUR ALTERNATE BENEFICIARY IF DESIRED)

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

Any benefit becoming payable from the National Automatic Sprinkler Metal Trades ("NASMT") 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 NASMT Pension Plan.

Signature

Date

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