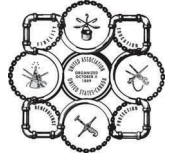




NATIONAL AUTOMATIC SPRINKLER INDUSTRY WELFARE FUND

8000 CORPORATE DRIVE • LANDOVER, MD 20785



TELEPHONE
(301) 577-1700

BENEFICIARY DESIGNATION FORM

TOLL FREE
(800) 638-2603

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
_____		_____
RELATIONSHIP		
_____	_____	_____
(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
_____		_____
RELATIONSHIP		
_____	_____	_____
(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
_____		_____
RELATIONSHIP		
_____	_____	_____
(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
_____		_____
RELATIONSHIP		
_____	_____	_____
(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](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.

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

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

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.

EMPLOYEE/PARTICIPANT SIGNATURE

DATE