

FUND OFFICE OF LOCAL 580

ARCHITECTURAL & ORNAMENTAL IRON WORKERS

Administrative Office of:

LOCAL 580 VACATION FUND

LOCAL 580 INSURANCE FUND

LOCAL 580 PENSION FUND

LOCAL 580 ANNUITY FUND

LOCAL 580 EDUCATIONAL FUND

LOCAL 580 PENSIONERS' SUPPLEMENTAL FUND

Second Floor * 501 WEST 42nd STREET * NEW YORK, NY 10036 * (212) 695-5206

FAX (212) 947-5719

PATRICK DOHERTY *Fund Director*

ANNUITY FUND

DESIGNATION OF BENEFICIARY OR CHANGE OF BENEFICIARY

Name of Employee: _____ SS#: _____

I hereby revoke my previous designation of Beneficiary, if any, and I hereby designate the following named beneficiary to receive the Annuity benefits payable at my death, if any, under the provisions of the Local 580 Annuity Fund. By law, a spouse is entitled to **50%** of your account. If he/she is not listed to at least **50%**, he/she must sign the **WAIVER** below.

PRIMARY BENEFICIARY

Name of Beneficiary for: 50% 100% _____ Relationship: _____
(circle one)

Address of Beneficiary: _____

Beneficiary Soc.Sec.No.: _____ Beneficiary D/O/B: _____

Beneficiary telephone No.: _____

Name of Beneficiary for 50%: _____ Relationship: _____

Address of Beneficiary: _____

Beneficiary Soc.Sec.No.: _____ Beneficiary D/O/B: _____

Beneficiary telephone No.: _____

CONTINGENCY BENEFICIARY (In the event of the death of the primary Beneficiary)

Name of Beneficiary for: 50% 100% _____ Relationship: _____
(circle one)

Address of Beneficiary: _____

Beneficiary Soc.Sec.No.: _____ Beneficiary D/O/B: _____

Beneficiary telephone No.: _____

Name of Contingent Beneficiary for 50%: _____ Relationship: _____

Address of Beneficiary: _____

Beneficiary Soc.Sec.No.: _____ Beneficiary D/O/B: _____

Beneficiary telephone No.: _____

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I reserve the right to revoke and change the above designations at any time by giving written notice on the form prescribed by the Board of Trustees of the Local 580 Annuity Fund.

MARITAL STATUS (check one)

Married - Sign below and notarize (Marriage Certificate must be on file).

Single - Sign below and notarize.

Divorced - Sign below and notarize.

Unable to locate my spouse (If you check this box, additional information is needed. Also sign below and notarize).

Beneficiary of a deceased member - Sign below and notarize.

NOTARY

Member Signature

Print Full Name

Sworn to before me this _____ day of _____, 20 _____

Notary Public Signature

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WAIVER

SPOUSAL STATEMENT (for married persons only)

Have spouse complete the following statement. **ONLY IF SHE IS NOT LISTED AS THE PRIMARY BENEFICIARY FOR AT LEAST 50% OF THE ACCOUNT.**

I, _____, swear that I am the legal spouse of the employee described above. By law, I realize that I am entitled to **50%** of my spouse's account. I hereby consent to my spouse's designation of _____ as the beneficiary to my portion of the account. I understand that as a result, I will not be paid benefits under the Annuity Fund after my spouse's death unless death benefits are payable to me under another payout option that my spouse selects.

NOTARY

Spouse's Signature

Print Full Name

Sworn to before me this _____ day of _____, 20 _____

Notary Public Signature