

**Sheet Metal Workers Local Union No. 218(S)
Pension Fund**

Plan Administrator
TIC Midwest
6525 Centurion Drive
Lansing, MI 48917
Phone: (517) 321-7502

Participant Beneficiary Form

Please print using blue or black ink.

**CHANGE
ORIGINAL DESIGNATION**

Participant Name: _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Marital Status: Married Single Divorced Widowed

BENEFICIARY DESIGNATION FOR UNMARRIED PARTICIPANTS ONLY

I understand that this beneficiary designation cancels any previous designation I have made. Further, I understand that this designation shall automatically be cancelled if I am or become legally married for one year. At that time, my spouse will automatically become my beneficiary. Finally, I understand that if I wish to name someone other than my spouse as my beneficiary, my spouse must consent in writing using a form available at the Plan Administrator's Office or Local Union Office.

I hereby state that I am **NOT** married and I hereby designate as my beneficiary/beneficiaries to receive any benefits that may be payable under the Sheet Metal Workers Local Union No. 218(S) Pension Fund in the event of my death to the following individual(s):

ANNUITY PLAN DEATH BENEFIT BENEFICIARY:

Please attach information pertaining to additional beneficiaries on a separate sheet

Beneficiary's Name: _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Relationship: _____

X _____
Participant's Signature

Date Signed

**PLEASE RETURN THIS FORM TO THE PLAN ADMINISTRATORS OFFICE:
6525 Centurion Drive • Lansing, MI 48917-9275
Phone (517) 321-7502 • Fax (517) 321-7508**