

Amalgamated Transit Union Local 1596 Pension Fund

Designation of Beneficiary

- Pension Benefit
- DROP Account
- Share Account

(Participant Name) (Print)

(Social Security Number)

(Date Of Birth)

PLEASE PRINT OR TYPE:

Primary Beneficiary

I AM MARRIED. I hereby designate my spouse as my primary beneficiary entitled to receive any benefit due in the event of my death:*

(Name)

(Social Security Number)

(Relationship)

(Address)

(City)

(State)

(Zip Code)

(Date Of Birth)

(Phone Number)

****If you are married and wish to designate a beneficiary other than your spouse, you must complete a special form that has to be signed by your spouse also. To attain a copy of this form, please contact the Plan Administrator at 1-800-206-0116.***

I AM NOT MARRIED. I hereby designate the following person(s) as my primary beneficiary(ies) entitled to receive any benefit due in the event of my death:

(Name)

(Percentage)

(Name)

(Percentage)

(Social Security Number)

(Relationship)

(Social Security Number)

(Relationship)

(Address)

(Address)

(City)

(State)

(Zip Code)

(City)

(State)

(Zip Code)

(Date Of Birth)

(Phone Number)

(Date Of Birth)

(Phone Number)

___ I have attached a list of additional co-beneficiaries. The list contains all information requested here.

This form must be signed on page 2 (see reverse page)

Contingent Beneficiary

If my spouse or other primary beneficiary dies before me, or is not available to receive any benefit due, I designate the following person(s) as the contingent beneficiary(ies) entitled to receive any benefit due in the event of my death. Pay my benefit in equal shares (or percentages indicated below) to the following designated person(s):

_____ (Name)	_____ (Percentage)	_____ (Name)	_____ (Percentage)	
_____ (Social Security Number)	_____ (Relationship)	_____ (Social Security Number)	_____ (Relationship)	
_____ (Address)		_____ (Address)		
_____ (City)	_____ (State)	_____ (City)	_____ (State)	_____ (Zip Code)
_____ (Date Of Birth)	_____ (Phone Number)	_____ (Date Of Birth)	_____ (Phone Number)	
_____ (Name)	_____ (Percentage)	_____ (Name)	_____ (Percentage)	
_____ (Social Security Number)	_____ (Relationship)	_____ (Social Security Number)	_____ (Relationship)	
_____ (Address)		_____ (Address)		
_____ (City)	_____ (State)	_____ (City)	_____ (State)	_____ (Zip Code)
_____ (Date Of Birth)	_____ (Phone Number)	_____ (Date Of Birth)	_____ (Phone Number)	

The above designation of beneficiaries revokes any and all prior designation of beneficiaries for the accounts indicated. **I understand that the beneficiary I select may affect the amount of benefits to be paid to me.**

Participant's Name (Printed)

Participant's Signature

Date

Return to: ATU Local 1596 Pension Fund, 4360 Northlake Boulevard, Suite 206, Palm Beach Gardens, FL 33410