

# IUPAT District Council No. 21 Census/Beneficiary Form (Life Insurance)

## Member Information:

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Local: \_\_\_\_\_

Sex: Male  Female  Marital Status: Single  Married  Divorced  Widowed

## Spouse's Information:

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marriage Date: \_\_\_\_\_ Employed: Yes  No

Employer Name and Address: \_\_\_\_\_

## Dependent Children:

Name	Social Security #	Birth Date	Sex	College Student	Disabled

### Other Insurance:

Do you or your spouse have other medical coverage for yourselves or children? Yes  No

If so, Carrier Name: \_\_\_\_\_ Policy No: \_\_\_\_\_

Address: \_\_\_\_\_

## Welfare Beneficiary: (Life Insurance) Please indicate the percentage amount if more than one Beneficiary is listed.

Name	Percentage %	Address	Social Security #	Relationship

I certify all information on this form is true and correct. I understand that my beneficiary designation will apply to any and all Funds for which I have not specifically requested, completed and filed a separate beneficiary form. The information on this form supersedes any and all information cards and beneficiary designations.

**Member's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*Please see reverse side to complete your Annuity Beneficiary information\*\***

**IUPAT District Council No. 21 Annuity Fund  
Beneficiary Designation Form**

**Member Information:**

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_ Local: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Marital Status:  Single  Married  Divorced  
Marriage Date: \_\_\_\_\_

**Instructions:** Complete the following to designate the individual(s) to whom your benefits, if any, under the IUPAT District Council No. 21 Annuity Fund will be paid in the event of your death prior to the complete distribution of your benefits. **If you are married and you wish to designate an individual other than your spouse to receive your benefits, then your spouse must consent, in writing and in the presence of a notary public,** to the beneficiary designation you make below (this includes changing a beneficiary designation to which your spouse previously consented). **If you are not married at the time you complete this Beneficiary Designation Form and you later become married, then your beneficiary designation made herein becomes null and void and you will need to complete a new form in order to designate someone other than your spouse as your beneficiary.**

**Primary Beneficiary (spousal consent required if married):**

I name the following individual(s) as my Primary Beneficiary(ies) to receive any benefits payable upon my death in the proportion(s) indicated:

Name	Percent	Address	Relationship

**Secondary Beneficiary :**

**If my Primary Beneficiary(ies) predecease me and I fail to name a substitute Primary Beneficiary(ies) prior to my death, then I designate the following individual(s) as my Secondary Beneficiary(ies) to receive any benefits payable upon my death in the proportion(s) indicated:**

Name	Percent	Address	Relationship

**Member Acknowledgement and Waiver:**

I hereby attest that all information contained herein is complete and accurate. I acknowledge and agree that any beneficiary designations that I have previously made are null and void upon the Fund Office's receipt and approval of this Beneficiary Designation Form. I further acknowledge and agree that this Beneficiary Designation Form shall be null and void if (i) I am married as of the date of this Beneficiary Designation Form and my spouse has not consented, in writing and in the presence of a notary public, to my designations herein, (ii) I become married subsequent to the date of this Beneficiary Designation Form, or (iii) I designate a new beneficiary(ies) subsequent to the date of this Beneficiary Designation Form.

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Spouse's Consent:**

I hereby acknowledge and understand that my spouse may designate a non-spouse beneficiary only with my consent, and I agree that I am voluntarily executing this form. I further acknowledge and agree that my consent is limited to the designation of only the beneficiary(ies) listed above and that my spouse may not change such designations while we are legally married without my further written consent. I further acknowledge and agree that, as a result of my consenting to my spouse's beneficiary designations herein, I may receive reduced benefits or no benefits at all upon my spouse's death.

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Notary:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Please see reverse side to complete your Census/Beneficiary (Life Insurance) information\***