

BRIDGE, STRUCTURAL, ORNAMENTAL AND REINFORCING IRONWORKERS LOCAL 207
Pension and Annuity Funds

694 Bev Road, Suite A • Boardman, Ohio 44512 • Phone (330) 726-3745 • Fax (330) 726-3893

Annuity Fund Beneficiary Election

Instructions: Your primary beneficiary is the person who will receive any pension benefits due at your death. **Contact the Fund Office for special forms if you wish to name someone other than your legal spouse as primary beneficiary.** Secondary beneficiaries will only receive any benefits due if your primary beneficiaries are not living at the time of your death. You may designate as many beneficiaries as you wish.

Participant's Name: _____ Social Security No.: _____

I elect as my beneficiary (ies):

Primary _____ Secondary _____ % _____

Name: _____

Social Security No.: _____

Sex: _____ Relationship: _____

Birth Date: _____ Phone: _____

Address: _____
(Street & Number)

(City, State & Zip)

Primary _____ Secondary _____ % _____

Name: _____

Social Security No.: _____

Sex: _____ Relationship: _____

Birth Date: _____ Phone: _____

Address: _____
(Street & Number)

(City, State & Zip)

Primary _____ Secondary _____ % _____

Name: _____

Social Security No.: _____

Sex: _____ Relationship: _____

Birth Date: _____ Phone: _____

Address: _____
(Street & Number)

(City, State & Zip)

Primary _____ Secondary _____ % _____

Name: _____

Social Security No.: _____

Sex: _____ Relationship: _____

Birth Date: _____ Phone: _____

Address: _____
(Street & Number)

(City, State & Zip)

Participant's Signature: _____ Date: _____

Witness must be someone other than a beneficiary.

Witness Signature: _____ Date: _____

Witness Address: _____