

Laborers Local No. 754 Joint Benefit Funds

215 Old Nyack Turnpike • Chestnut Ridge, NY 10977

Phone (845) 425-0210 • FAX (845) 425-1835

TO: ALL LABORERS LOCAL NO. 754 PARTICIPANTS

YOUR IMMEDIATE COOPERATION IS REQUESTED IN COMPLETING THIS DATA SPECIFICALLY DESIGNED FOR THE PROTECTION OF YOUR BENEFITS. THIS WILL BE YOUR PERMANENT RECORD SO BE SURE THAT YOU ANSWER ALL QUESTIONS. RETURN THE COMPLETED FORM TO THE FUND OFFICE. UPDATE AS NEEDED. PLEASE COMPLETE THE FORM IN ITS ENTIRETY.

SURVIVING SPOUSE BENEFICIARY FORM

Please Print

NAME _____
LAST FIRST MIDDLE INITIAL

ADDRESS _____
ZIP _____

SOCIAL SECURITY NO. _____ DATE OF BIRTH _____

TELEPHONE NO. _____ CELL NO. _____ E-MAIL ADDRESS _____

SEX MALE FEMALE

MARITAL STATUS SINGLE MARRIED LEGALLY SEPARTED WIDOWED DIVORCED

EFFECTIVE DATE OF CURRENT STATUS: _____

*PENSION-BENEFICIARY NAME _____ SOCIAL SECURITY NO. _____

ADDRESS IF NOT YOURS _____

RELATIONSHIP _____ DATE OF BIRTH _____ TELEPHONE NO. _____

***IF YOU ARE MARRIED, YOU MUST DESIGNATE YOUR SPOUSE. IN ACCORDANCE WITH FEDERAL LAW, IF YOU ARE A VESTED PARTICIPANT UNDER THE PENSION PLAN AND/OR ANNUITY PLAN, "BENEFICIARY" MEANS YOUR LAWFUL SPOUSE OR, IF THERE IS NO LAWFUL SPOUSE, THE PERSON YOU SPECIFY IN WRITING AS YOUR DESIGNATED BENEFICIARY.**

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE INFORMATION MAY DISQUALIFY ME FOR BENEFITS AND THAT THE FUNDS SHALL HAVE THE RIGHT TO RECOVER ANY BENEFIT PAYMENTS MADE BECAUSE OF FALSE INFORMATION.

PENSIONER/RETIREE SIGNATURE _____ DATE _____

SPOUSE SIGNATURE _____ DATE _____