



Western States Insulators and Allied Workers' Pension Plan
Western States Insulators and Allied Workers' Individual Account Plan
Western States Insulators and Allied Workers' Health Plan

BENEFICIARY DESIGNATION FORM

Participant Name _____ SSN _____ DOB _____

Address _____

Phone _____

Check box if new address to update.

Please indicate below the person(s) you wish to name as beneficiary (ies) of any death benefits through the Western States Insulators & Allied Workers Plans. If you are married and you have designated someone other than your spouse, the Spousal Consent portion must be completed and notarized before it will be accepted by the Trustees.

PENSION PLAN

Primary Beneficiary _____ SSN _____

Address _____

DOB _____ Relationship _____

INDIVIDUAL ACCOUNT PLAN

Primary

Beneficiary _____ SSN _____

Address _____

DOB _____ Relationship _____

If you would like to designate multiple Primary beneficiaries, please attach an additional paper with the information below for each beneficiary.

I designate the Beneficiary (ies) named on this form as my Beneficiary(ies) under the Western States Insulators Plans named above.

Signature _____ Date _____



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SPOUSAL CONSENT

I hereby consent to my spouse's designation of the above beneficiary for death benefits payable through the Plans. I fully understand that signing below, I will not be eligible for the receipt of the benefits payable on behalf of my spouse in the event of his or her death.

Spouse Name _____ SSN _____

Spouse Signature _____ Date _____

ACKNOWLEDGMENT BY NOTARY

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached and not the truthfulness, accuracy, or validity of that document.

State of California _____ County of _____

On _____, before me, _____,

Notary Public, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary Signature _____

**HEAT AND FROST INSULATORS AND ASBESTOS WORKERS
HEALTH AND WELFARE TRUST FUND**

BENEFICIARY DESIGNATION FORM

Employee's Name _____

Employee's SS# _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

FOR LIFE INSURANCE

Primary Beneficiary _____

Relationship _____ SS# _____ DOB _____

Address _____

Contingent Beneficiary _____
(If primary beneficiary does not survive you)

Relationship _____ SS# _____ DOB _____

Address _____

Your Signature _____ Date _____

FOR MORTUARY FUND BENEFITS

Primary Beneficiary for Mortuary Benefits _____

Relationship _____ SS# _____ DOB _____

Address _____

Contingent Beneficiary _____
(If primary beneficiary does not survive you)

Relationship _____ SS# _____ DOB _____

Address _____

Your Signature _____ Date _____