

# METAL LATHERS LOCAL 46 – LIFE INSURANCE BENEFICIARY CARD

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Social Security Number:

NAME: \_\_\_\_\_

LAST

FIRST

INITIAL

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I hereby designate as my beneficiary to receive any moneys on deposit in my Individual Annuity Account with the Metal Lathers Local 46 Annuity Fund upon my death, the following:

Name of Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

SS# \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

In event that the above named Beneficiary does not survive to receive all payments due after my death, I designate as CONTINGENT BENEFICIARY:

Name of Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

SS# \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Date Signed \_\_\_\_\_ Signature \_\_\_\_\_

*Local 46 Trust Fund Office*  
61-02 32nd Avenue  
Woodside (Queens), NY 11377  
Phone: 212-535-2323

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